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**Apr 05, 1999 8:00 am**  
**Secretary of State**

04-05-1999 90026 022 \*\*\*\*61.25

0013041

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 729304

1. Corporation Name  
**THE APPLE VALLEY CIVIC CORPORATION**

289828 - 90026 - 22

Principal Place of Business

113 CANDLEWICK RD  
 ALTAMONTE SPRGS FL 32714  
 US

Mailing Address

112 W. HILLCREST ST.  
 ALTAMONTE SPRGS FL 32714  
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip Country

2a. Mailing Address

26 124 LAMPLIGHTER RD

27 Suite, Apt. #, etc.

28 ALTAMONTE SPRINGS

29 FL 30 32714

3. Date Incorporated or Qualified

04/09/1974

4. FEI Number  
 59-1607561

Applied For  
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

CARR EUGENE C  
 112 W HILLCREST ST.  
 ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent

81 Name DAN JONES.  
 82 Street Address (P.O. Box Number is Not Acceptable) 124 LAMPLIGHTER RD.  
 83  
 84 City ALTAMONTE SPRINGS FL 85 Zip Code 32714

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE DAN JONES, TREAS.

*Dan Jones*

3/30/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DELANEY, NICK	
STREET ADDRESS	113 W HILLCREST ST	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	SMITH, LISA	
STREET ADDRESS	106 HILLCREST ST, W	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	CARR, GENE	
STREET ADDRESS	112 HILLCREST	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	JAROCH, KAREN	
STREET ADDRESS	103 W. HILLCREST	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TO DAN JONES.
3.3 STREET ADDRESS	124 LAMPLIGHTER RD.
3.4 CITY-ST-ZIP	ALTAMONTE SPRGS FL 32714
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	S GAY GRANKOW
4.3 STREET ADDRESS	105 HILLCREST ST W.
4.4 CITY-ST-ZIP	ALTAMONTE SPGS. FL 32714
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Dan Jones* SIGNATURE REQUIRED

3/30/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037-(11/98)