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FILED
May 29 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 733516 (9)
 1. Corporation Name
THE WEATHERSFIELD CIVIC ASSOCIATION, INC.



Principal Place of Business 301 NORTE DAME ALTAMONTE SPGS FL 32714 US	Mailing Address 301 NOTRE DAME ALTAMONTE SPGS FL 32714-4118 US
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3. Date Incorporated or Qualified 08/06/1975	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21. Suite, Apt #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt #, etc. 27. City & State 28. Zip 29. Country
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4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**LACKEY, FORREST J
 301 NOTRE DAME
 ALTAMONTE SPRGS FL 32714**

10. Name and Address of New Registered Agent
 81. Name
 82. Street Address (P.O. Box Number is Not Acceptable)
 83.
 84. City
 85. Zip Code

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 _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	MD	<input type="checkbox"/> DELETE
NAME	LACKEY, FORREST J.	
STREET ADDRESS	301 NOTRE DAME	
CITY-ST-ZIP	ALTAMONTE SPRGS. FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CARLSON, DAMIAN	
STREET ADDRESS	606 LASALLE DRIVE	
CITY-ST-ZIP	ALTAMONTE SPRGS FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	REEVES, NANCY	
STREET ADDRESS	372 CLEMSON DR	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	RIVERA, IRIS	
STREET ADDRESS	521 AUBURN	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	DUNLAP, ERIC	
STREET ADDRESS	630 STANFORD DRIVE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PD RIVERA, IRIS
2.3 STREET ADDRESS	521 AUBURN
2.4 CITY-ST-ZIP	ALTAMONTE SPRGS FL
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	NA
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	VP Radkowski, CHRIS
5.3 STREET ADDRESS	678 LASALLE DR
5.4 CITY-ST-ZIP	ALTAMONTE SPRGS FL
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 do 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 in an attachment with an address.

SIGNATURE: *Forrest J. Lackey* **FORREST J. LACKEY** 5/22/97 (407) 862-2842
Signature and typed or printed name of signing officer or director Date Daytime Phone # 0013170

CR2E037 (9/96)