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FILED
May 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 US
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3. Date Incorporated or Qualified
08/06/1975

4. FEI Number
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**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

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 **FL** **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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

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	RIVERA, IRIS
STREET ADDRESS	521 AUBURN
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	VP <input checked="" type="checkbox"/> DELETE
NAME	RADKOWSKI, CHRIS
STREET ADDRESS	678 LASALLE DR
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	IRIS RIVERA
2.3 STREET ADDRESS	521 AUBURN
2.4 CITY-ST-ZIP	ALT. SPRGS. FL 32714
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Homer Colley
4.3 STREET ADDRESS	384 NOTRE DAME
4.4 CITY-ST-ZIP	ALTAMONTE SPRGS. FL 32714
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	MELVIN Edmister
5.3 STREET ADDRESS	328 CLYDE CLEMSON DR.
5.4 CITY-ST-ZIP	ALTAMONTE SPRGS, FL
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	PRESTON WALKER
6.3 STREET ADDRESS	300 TRINITY AV.
6.4 CITY-ST-ZIP	ALT. SPRGS. FL 32714

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.

SIGNATURE: *Forrest J. Lackey* 4/29/98 407-862-2842

CR2E087 (10/97)