

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90052 034 ****61.25

DOCUMENT # 733516
 1. Entity 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**

54029066



MOORE CR2E037 (11/03)

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number: **NO-T APPLICABLE**
 Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

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

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ **FL** Zip Code: _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE: MD NAME: LACKEY, FORREST J. STREET ADDRESS: 301 NOTRE DAME CITY-ST-ZIP: ALTAMONTE SPRGS. FL	<input type="checkbox"/> Delete
TITLE: T NAME: RIVERA, IRIS STREET ADDRESS: 521 AUBURN CITY-ST-ZIP: ALTAMONTE SPRGS FL	<input type="checkbox"/> Delete
TITLE: TD NAME: REEVES, NANCY STREET ADDRESS: 372 CLEMSON DR CITY-ST-ZIP: ALTAMONTE SPRINGS FL	<input checked="" type="checkbox"/> Delete
TITLE: T NAME: COLLEY, HOMER STREET ADDRESS: 384 NOTRE DAME CITY-ST-ZIP: ALTAMONTE SPRINGS FL 32714	<input type="checkbox"/> Delete
TITLE: T NAME: EDMISTER, MELVIN STREET ADDRESS: 328 CLEMSON DR CITY-ST-ZIP: ALTAMONTE SPRINGS FL	<input type="checkbox"/> Delete
TITLE: T NAME: WALKER, PRESTON STREET ADDRESS: 300 TRINITY AVE CITY-ST-ZIP: ALTAMONTE SPRINGS FL 32714	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: DORA SEXTON TD STREET ADDRESS: 310 E. CLEMSON DR. CITY-ST-ZIP: ALTAMONTE SPRINGS FL. 32714	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Forrest J. Lackey* April 5th 2004 862-2842
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #