



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 11, 2005 08:00 AM
Secretary of State

DOCUMENT # 733516 1. Entity Name THE WEATHERSFIELD CIVIC ASSOCIATION, INC.		
Principal Place of Business 301 NOTRE DAME ALTAMONTE SPGS FL 32714 US		Mailing Address 301 NOTRE DAME ALTAMONTE SPGS FL 32714 US
2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.	 1st MOORE CR2E037 (10/04)
City & State	City & State	4. FEI Number NO-T APPLICABLE
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE: MD NAME: LACKEY, FORREST J. <input type="checkbox"/> Delete STREET ADDRESS: 301 NOTRE DAME CITY-ST-ZIP: ALTAMONTE SPRGS. FL	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: U00000260150 CITY-ST-ZIP: 03/12/05-80013-009 61.25	
TITLE: T NAME: RIVERA, IRIS <input type="checkbox"/> Delete STREET ADDRESS: 521 AUBURN CITY-ST-ZIP: ALTAMONTE SPRGS FL	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: TD NAME: SEXTON, DORA <input type="checkbox"/> Delete STREET ADDRESS: 310 E. CLEMSON DR. CITY-ST-ZIP: ALTAMONTE SPRINGS FL 32714	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: T NAME: COLLEY, HOMER <input type="checkbox"/> Delete STREET ADDRESS: 384 NOTRE DAME CITY-ST-ZIP: ALTAMONTE SPRINGS FL 32714	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: T NAME: EDMISTER, MELVIN <input type="checkbox"/> Delete STREET ADDRESS: 328 CLEMSON DR CITY-ST-ZIP: ALTAMONTE SPRNGS FL	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: T NAME: WALKER, PRESTON <input type="checkbox"/> Delete STREET ADDRESS: 300 TRNITY AVE CITY-ST-ZIP: ALTAMONTE SPRINGS FL 32714	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 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)(f), 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: <i>Forrest J. Lackey</i> 3/9/2005 407-862-2899 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		