

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2007 08:00 AM
Secretary of State



DOCUMENT # 733516
 1. Entity Name
THE WEATHERSFIELD CIVIC ASSOCIATION, INC.

Principal Place of Business Mailing Address
301 NORTE DAME **301 NOTRE DAME**
ALTAMONTE SPGS FL 32714 **ALTAMONTE SPGS FL 32714**
US **US**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/06)

City & State City & State

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

Zip Country Zip Country

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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 NAME STREET ADDRESS CITY- ST- ZIP	MD LACKEY, FORREST J. 301 NOTRE DAME ALTAMONTE SPRGS. FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T RIVERA, IRIS 521 AUBURN ALTAMONTE SPRGS FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD SEXTON, DORA 310 E. CLEMSON DR. ALTAMONTE SPRINGS FL 32714 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T COLLEY, HOMER 384 NOTE DAME ALTAMONTE SPRINGS FL 32714 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T EDMISTER, MELVIN 328 CLEMSON DR ALTAMONTE SPRNGS FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T WALKER, PRESTON 300 TRINITY AVE 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 U00000687710 04/10/07-30049-022 61.25
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
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 exemptions contained in Section 119, 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* **Forrest J. Lackey** *3/29/2007* **3/29/2007** *407-862-2842* **407-862-2842**