

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733516

FILED  
Mar 26, 2009  
Secretary of State

**Entity Name:** THE WEATHERSFIELD CIVIC ASSOCIATION, INC.

**Current Principal Place of Business:**

301 NORTE DAME  
ALTAMONTE SPGS, FL 32714 US

**New Principal Place of Business:**

**Current Mailing Address:**

301 NOTRE DAME  
ALTAMONTE SPGS, FL 32714 US

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LACKEY, FORREST J  
301 NOTRE DAME  
ALTAMONTE SPRGS, FL 32714 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: MD ( ) Delete  
Name: LACKEY, FORREST J.,  
Address: 301 NOTRE DAME  
City-St-Zip: ALTAMONTE SPRGS., FL

Title: T ( ) Delete  
Name: RIVERA, IRIS  
Address: 521 AUBURN  
City-St-Zip: ALTAMONTE SPRGS, FL

Title: TD ( ) Delete  
Name: SEXTON, DORA  
Address: 310 E. CLEMSON DR.  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: T ( ) Delete  
Name: COLLEY, HOMER  
Address: 384 NOTE DAME  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: T ( ) Delete  
Name: EDMISTER, MELVIN  
Address: 328 CLEMSON DR  
City-St-Zip: ALTAMONTE SPRNGS, FL

Title: T ( ) Delete  
Name: WALKER, PRESTON  
Address: 300 TRNITY AVE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FORREST LACKEY

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PRES

03/26/2009

\_\_\_\_\_  
Date