


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90299 011 \*\*\*\*70.00

**DOCUMENT # 733516**

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



Principal Place of Business      Mailing Address

**301 NORTE DAME  
ALTAMONTE SPGS FL 32714  
US**      **301 NOTRE DAME  
ALTAMONTE SPGS FL 32714  
US**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **NOT APPLICABLE**      Applied For  
Not Applicable

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



CHECK HERE IF MAKING CHANGES

**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**

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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *[Signature]*      3/27/2003      407-862-2842

CR2E037 (10/02)