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CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 20 PM 1:16

DOCUMENT # 734779 (2)

1. Corporation Name

CIVITAN CLUB OF AUBURNDALE, INC.

Principal Place of Business	Mailing Address
212 HERNANDO DR S.E. WINTER HAVEN FL 33884-8026	212 HERNANDO DR S.E. WINTER HAVEN FL 33884-8026

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/31/1975
3a. Date of Last Report: 03/23/1994
4. FEI Number: 59-6158812 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

DOZIER, ED
212 HERNANDO DR. S.E.
WINTER PARK FL 33884

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Ed Dozier — ED DOZIER — 1-12-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	SUMMERALL, JOHNNY	1.2 NAME	
STREET ADDRESS	313 ARIANA AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	AUBURNDALE FL	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	D ☒ Change ☐ Addition
NAME	ALBRIGO, GENE	2.2 NAME	ALBRIGO, GENE
STREET ADDRESS	7 LAKE WINTERSET DR.	2.3 STREET ADDRESS	7 LAKE WINTERSET DR.
CITY-ST-ZIP	WINTER HAVEN FL	2.4 CITY-ST-ZIP	WINTER HAVEN, FL 33884
TITLE	T	3.1 TITLE	☐ Change ☐ Addition
NAME	DOZIER, ED	3.2 NAME	
STREET ADDRESS	212 HERNANDO DR SE	3.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	S ☒ Change ☐ Addition
NAME	PICKERING, RUSS	4.2 NAME	KELLEY, HERB
STREET ADDRESS	78 LAKE DAISY BLVD.	4.3 STREET ADDRESS	449 GULFSTREAM DR., N
CITY-ST-ZIP	WINTER HAVEN FL	4.4 CITY-ST-ZIP	WINTER HAVEN, FL 33881
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	BOSTELMAN, ERNIE	5.2 NAME	
STREET ADDRESS	511 ARNESON AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	AUBURNDALE FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	P ☒ Change ☐ Addition
NAME	MORGAN, TOM	6.2 NAME	MORGAN, TOM
STREET ADDRESS	360 VAIL DR.	6.3 STREET ADDRESS	360 VAIL DR.
CITY-ST-ZIP	WINTER HAVEN FL	6.4 CITY-ST-ZIP	WINTER HAVEN, FL. 33884

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ed Dozier — ED DOZIER — 1-17-95 — 813-324-4364
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0058760