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Feb 20, 1999 8:00 am
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02-20-1999 90053 050 ****61.25

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NONPROFIT
CORPORATION
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 734779

1. Corporation Name

CIVITAN CLUB OF AUBURNDALE, INC.

Principal Place of Business

212 HERNANDO DR S.E.
WINTER HAVEN FL 33884-8026

Mailing Address

212 HERNANDO DR S.E.
WINTER HAVEN FL 33884-8026



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

12/31/1975

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-6158812

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

ED DOZIER

(NOTE: Registered Agent signature required when reinstating)

2-6-99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **D**
STREET ADDRESS **ALBRIGO, GENE**
CITY-ST-ZIP **7 LAKE WINTERSET DR**
WINTER HAVEN FL

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME **D**
STREET ADDRESS **KELLEY, GUYLENE**
CITY-ST-ZIP **449 GULFSTREAM DR N**
WINTER HAVEN FL 33881

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME **T**
STREET ADDRESS **DOZIER, ED**
CITY-ST-ZIP **212 HERNANDO DR SE**
WINTER HAVEN FL

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME **P**
STREET ADDRESS **KELLEY, HERB**
CITY-ST-ZIP **449 GULFSTREAM DR N**
WINTER HAVEN FL 33881

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME **D**
STREET ADDRESS **BOSTELMAN, ERNIE**
CITY-ST-ZIP **511 ARNESON AVE**
AUBURNDAL FL

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME **D**
STREET ADDRESS **MORGAN, TOM**
CITY-ST-ZIP **360 VAIL DR.**
WINTER HAVEN FL

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED ED DOZIER

Date

Daytime Phone #

2-6-99

941-324-56

CR2E037 (1/98)