

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Jul 29, 2004 8:00 am**  
**Secretary of State**

07-29-2004 90007 050 \*\*\*\*61.25

**DOCUMENT # 734779**  
1. Entity 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**

**54065751**



MOORE CR2E037 (4/04)

2. Principal Place of Business  
**513 MARIANNA RD**

3. Mailing Address  
**513 MARIANNA RD**

Suite, Apt. #, etc.

City & State  
**Auburndale, FL**

City & State  
**Auburndale, FL**

Zip  
**33823** Country

Zip  
**33823** Country

4. FEI Number  
**59-6158812**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**DOZIER, ED  
212 HERNANDO DR. S.E.  
WINTER PARK FL 33884**

7. Name and Address of New Registered Agent

Name  
**DOZIER, ED**

Street Address (P.O. Box Number is Not Acceptable)  
**513 MARIANNA RD.**

City  
**Auburndale, FL** Zip Code  
**33823**

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 *Ed Dozier* **ED DOZIER** **7-27-04** DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25  
Due By September 8, 2004**

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	<input type="checkbox"/> Delete
P	ALBRIGO, GENE	7 LAKE WINTERSET DR	WINTER HAVEN FL 33884	<input type="checkbox"/>
D	KELLEY, GUYLENE	449 GULFSTREAM DR N	WINTER HAVEN FL 33881	<input type="checkbox"/>
T	DOZIER, ED	212 HERNANDO DR SE	WINTER HAVEN FL	<input type="checkbox"/>
D	KELLEY, HERB	449 GULFSTREAM DR N	WINTER HAVEN FL 33881	<input type="checkbox"/>
D	BOSTELMAN, ERNIE	511 ARNESON AVE	AUBURNDALE FL	<input type="checkbox"/>
D	MORGAN, TOM	360 VAIL DR.	WINTER HAVEN FL	<input checked="" type="checkbox"/>

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
D	BROWN, DIANA	3851 GAINES DR. S.E.	WINTER HAVEN, FL 33884	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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: *Ed Dozier* **ED DOZIER** **7-26-04** **863-967-1544** DATE Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR