

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2005 8:00 am
Secretary of State

01-28-2005 90027 020 ****61.25

DOCUMENT # 734779

1. Entity Name

CIVITAN CLUB OF AUBURNDALE, INC.



Principal Place of Business

513 MARIANNA RD
AUBURNDALE FL 33823

Mailing Address

513 MARIANNA RD
AUBURNDALE FL 33823

50007581



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

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
513 MARIANNA RD
AUBURNDALE FL 33823

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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 | P | <input checked="" type="checkbox"/> Delete |
| NAME | ALBRIGO, GENE | |
| STREET ADDRESS | 7 LAKE WINTERSET DR | |
| CITY-ST-ZIP | WINTER HAVEN FL 33884 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | KELLEY, GUYLENE | |
| STREET ADDRESS | 449 GULFSTREAM DR N | |
| CITY-ST-ZIP | WINTER HAVEN FL 33881 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | DOZIER, ED | |
| STREET ADDRESS | 212 HERNANDO DR SE | |
| CITY-ST-ZIP | WINTER HAVEN FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | KELLEY, HERB | |
| STREET ADDRESS | 449 GULFSTREAM DR N | |
| CITY-ST-ZIP | WINTER HAVEN FL 33881 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BOSTELMAN, ERNIE | |
| STREET ADDRESS | 511 ARNESON AVE | |
| CITY-ST-ZIP | AUBURNDALE FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BROWN, DIANA | |
| STREET ADDRESS | 3851 GAINES DR SE | |
| CITY-ST-ZIP | WINTER HAVEN FL 33884 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--|--|
| TITLE | P | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | BROWN, ROYAL III | |
| STREET ADDRESS | P.O. BOX 5551 (3851) GAINES DR. SE 33884 | |
| CITY-ST-ZIP | WINTER HAVEN, FL 33880 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | T | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DOZIER, ED | |
| STREET ADDRESS | 513 MARIANNA RD | |
| CITY-ST-ZIP | AUBURNDALE, FL 33823 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| 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:

Ed Dozier
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REGISTERED AGENT

1-22-05

Date

Daytime Phone #