


**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. |  |
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|---|---|
| Principal Place of Business 513 MARIANNA RD AUBURNDALE FL 33823 | Mailing Address 513 MARIANNA RD AUBURNDALE FL 33823 |
|---|---|

50007581



1st MOORE CR2E037 (10/04)

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|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|---|---|

| | | | |
|--------------|--------------|------------------------------------|--|
| City & State | City & State | 4. FEI Number 59-6158812 | Applied For <input type="checkbox"/> Not Applicable |
|--------------|--------------|------------------------------------|--|

| | | | | | |
|-----|---------|-----|---------|---|---------------------------------------|
| Zip | Country | Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> | \$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 NAME STREET ADDRESS CITY-ST-ZIP | P ALBRIGO, GENE <input checked="" type="checkbox"/> Delete 7 LAKE WINTERSET DR WINTER HAVEN FL 33884 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KELLEY, GUYLENE <input type="checkbox"/> Delete 449 GULFSTREAM DR N WINTER HAVEN FL 33881 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T DOZIER, ED <input type="checkbox"/> Delete 212 HERNANDO DR SE WINTER HAVEN FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KELLEY, HERB <input type="checkbox"/> Delete 449 GULFSTREAM DR N WINTER HAVEN FL 33881 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BOSTELMAN, ERNIE <input type="checkbox"/> Delete 511 ARNESON AVE AUBURNDALE FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BROWN, DIANA <input type="checkbox"/> Delete 3851 GAINES DR SE WINTER HAVEN FL 33884 |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P BROWN, ROYAL III <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition P.O. BOX 5551 (3851) GAINES DR. SE 33884 WINTER HAVEN, FL 33880 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T DOZIER, ED <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 513 MARIANNA RD AUBURNDALE, FL 33823 |

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 REGISTERED AGENT 1-22-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #