

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
May 22, 2003 8:00 am
Secretary of State

05-22-2003 90137 008 ****61.25

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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**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



CHECK HERE IF MAKING CHANGES

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
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 _____ 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

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	D	<input type="checkbox"/> Delete
NAME	ALBRIGO, GENE	
STREET ADDRESS	7 LAKE WINTerset DR	
CITY-ST-ZIP	WINTER HAVEN FL	
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 checked="" type="checkbox"/> Delete
NAME	HALLFIN, NANCY	
STREET ADDRESS	3803 GAINES DR SE	
CITY-ST-ZIP	WINTER HAVEN FL 33884-2809	
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	MORGAN, TOM	
STREET ADDRESS	360 VAIL DR.	
CITY-ST-ZIP	WINTER HAVEN FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBRIGO, GENE	
STREET ADDRESS	7 LAKE WINTerset DR.	
CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KELLEY, HERB	
STREET ADDRESS	449 GULFSTREAM DR. N	
CITY-ST-ZIP	WINTER HAVEN, FL 33881	
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: **SIGNATURE REQUIRED DOZIER** Date: **5-20-03** Daytime Phone #: **863 3845667**

CR2E037 (10/02)