2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Apr 26, 2007 08:00 AM Secretary of State 00000 000m **734815** 1. Entity Name MINERVA CIVIC CENTER, INC. Principal Place of Business Mailing Address 431 N. MYRTLE AVE. PO BOX 1283 NEW SMYRNA BEACH, FL 32168-6614 NEW SMYRNA BEACH, FL 32170 04192007 0 000 0000 0 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3654997 Not Applicable **\$8.75** accomococ 5. Certificate of Status Desired 00000000000 6. Name and Address of Current Registered Agent GRAHAM, PEARL DO NOT WRITE 2115 SABEL PALM DR EDGEWATER, FL 32141 IN THIS SPACE 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) 9. Election Campaign Financing \$5.00 a comoo Filing Fee is \$61.25 Trust Fund Contribution. 000000000000 Due by May 1, 2007 10. OFFICERS AND DIRECTORS TITLE NAME ALDERMAN, MINNIE STREET ADDRESS 300 HICKORY CITY-ST-7/P NEW SMYRNA BEACH, FL U00000735041 05/10/07-80017-025 61.25 TITLE NAME GRAHAM, PEARL STREET ADDRESS P.O. BOX 542 N/A CITY-ST-ZIP NEW SMYRNA BEACH, FL TITLE NAME BAILEY, RICHARD STREET ADDRESS 1304 JULIA STREET DO NOT WRITE CITY-ST-ZIP NEW SMYRNA BCH, FL IN THIS SPACE TITLE ALDERMAN, WILLIE STREET ADDRESS 300 HICKORY STREET CITY-ST-ZIP NEW SMYRNA BEACH, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

FILED