

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **735519**

(1)

1. Corporation Name

JENSEN CIVIC LEAGUE

Principal Place of Business

1835 N.E. RICOU TERRACE
P.O. BOX 526
JENSEN BEACH FL 34957

Mailing Address

1835 N.E. RICOU TERRACE
P.O. BOX 526
JENSEN BEACH FL 34957-4130

FILED
Jan 28 1997 8:00am
Secretary of State



2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

24

Country

25

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**TILTON, C N
1935 NE RICOU TERRACE
JENSEN BEACH FL 33457**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input type="checkbox"/> DELETE WACHA, FRANK A. 1835 N.E. RICON TERRACE JENSEN BEACH FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition WACHA, FRANK A. 1397 N.E. Sago Drive Jensen Beach, FL 34957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input type="checkbox"/> DELETE TILTON, C.N. 1935 N.E. RICOU TERRACE BENSEN BEACH FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TILTON, C.N. 1935 N.E. Ricou Terrace Jensen Beach, FL 39457
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> DELETE WOODS, WALTER G. 3388 N.E. SUGARHILL AVENUE BENSEN BEACH FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition WOODS, WALTER G. 3388 N.E. Sugarhill Avenue Jensen Beach, FL 34957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS <input type="checkbox"/> DELETE HULBERT, GLENDA 1905 NW RICOU TERRACE JENSEN BEACH FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition HULBERT, GLENDA 1905 N.E. Ricou Terrace Jensen Beach, FL 34957
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Walter J. Woods* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/97 561-334-0108
Daytime Phone # 0071185

CR2E037 (9/96)