

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90041 039 \*\*\*\*61.25

**DOCUMENT # 735519**

1. Entity Name  
**JENSEN CIVIC LEAGUE**



Principal Place of Business  
**1935 N.E. RICOU TERRACE  
P.O. BOX 526  
JENSEN BEACH, FL 34957**

Mailing Address  
**1905 N.E. RICOU TERRACE  
JENSEN BEACH, FL 34957**

**94058612**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

02102004

Chg-NP

CR2E037 (10/03)

4. FEI Number  
**65-0028183**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TILTON, C.N.  
1935 NE RICOU TERRACE  
JENSEN BEACH, FL 34957**

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

Filing Fee is \$61.25  
Due by May 1, 2004

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **VD** ☒ Delete  
NAME: **ENGBRETSSEN, HELEN**  
STREET ADDRESS: **409 NW NORTH RIVER DR.**  
CITY-ST-ZIP: **STUART, FL 34994**

TITLE: **VD** ☒ Change ☐ Addition  
NAME: **Eileen Hunter**  
STREET ADDRESS: **3330 N.E. Indian River Drive**  
CITY-ST-ZIP: **Jensen Beach, FL 34957**

TITLE: **PD** ☐ Delete  
NAME: **ROSENDAHL, DAVID E**  
STREET ADDRESS: **1905 N.E. RICOU TERRACE**  
CITY-ST-ZIP: **JENSEN BEACH, FL 34957**

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: **STD** ☐ Delete  
NAME: **LOWRY, WM. MIKE**  
STREET ADDRESS: **3330 N.E. INDIAN RIVER DR.**  
CITY-ST-ZIP: **JENSEN BEACH, FL 34957**

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Delete  
NAME: ☐ Delete  
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TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

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:**

*DDF. 2000*, PD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-19-04

772-334-1119

Date

Daytime Phone #