

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 738649

(3)

1. Corporation Name

OLDSMAR CIVIC CLUB, INC.



Principal Place of Business

**402-404 ST PETERSBURG DR.
P O BOX 163
OLDSMAR FL 34677**

Mailing Address

**402-404 ST PETERSBURG DR.
P O BOX 163
OLDSMAR FL 34677**

3. Date Incorporated or Qualified
04/13/1977

3a. Date of Last Report
03/22/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-3028044

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CAMPOLI, ELLA
327 E SHORE DR.
OLDSMAR FL 34677**

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	T	<input checked="" type="checkbox"/> DELETE
NAME	CAMPOLI, JIM	
STREET ADDRESS	313 E. SHORE DR.	
CITY - ST - ZIP	OLDSMAR FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	KINCHEN, BETTY	
STREET ADDRESS	401 BAYVIEW BLVD.	
CITY - ST - ZIP	OLDSMAR, FL 00000	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	MULROY, BARBARA	
STREET ADDRESS	6161 N. MEMORIAL HWY., #1812	
CITY - ST - ZIP	TAMPA FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	MCCARTHY, DOROTHY	
STREET ADDRESS	3330 KILLDEER PLACE	
CITY - ST - ZIP	PALM HARBOR FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	COULSON, JACK	
STREET ADDRESS	3660 SR 580, #93	
CITY - ST - ZIP	OLDSMAR FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ALLEN, FLO	
STREET ADDRESS	3139 DUANE AVE.	
CITY - ST - ZIP	OLDSMAR FL	

1.1 TITLE	P/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ELLIE SHIPKOWSKI	
1.3 STREET ADDRESS	9116 SUFFIELD CT.	
1.4 CITY - ST - ZIP	TAMPA, FL 33615	
2.1 TITLE	T/VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	T/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	BRENDA FOGG	
3.3 STREET ADDRESS	200 E. BUCKINGHAM AVE	
3.4 CITY - ST - ZIP	OLDSMAR, FL 34677	
4.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	MARION PARADISE	
4.3 STREET ADDRESS	1801 BUTTWOOD DR	
4.4 CITY - ST - ZIP	OLDSMAR, FL 34677	
5.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	LORIE ELLICOTT	
5.3 STREET ADDRESS	6427 AMUNDSON ST.	
5.4 CITY - ST - ZIP	TAMPA FL 33634	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Marion Paradise 3-4-96
854-3229

CR2E037 (12/95)