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Feb 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified

04/13/1977

4. FEI Number

59-3028044

Applied For

Not Applicable

2. Principal Place of Business	2a. Mailing Address
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21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
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22. City & State	27. City & State
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23. Zip	25. Country	28. Zip	30. Country
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5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

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 reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	ULAND, AL	
STREET ADDRESS	404 EVERGREEN DR	
CITY-ST-ZIP	OLDSMAR FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	ELLIOT, LORIE	
STREET ADDRESS	8427 AMUNDSONST	
CITY-ST-ZIP	TAMPA FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	FOGG, BRENDA	
STREET ADDRESS	200 E BUCKINGHAM AVE	
CITY-ST-ZIP	OLDSMAR FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	SHIPOWSKI, ELLIE	
STREET ADDRESS	9116 SUFFIELD CT	
CITY-ST-ZIP	TAMPA FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	MCCARTHY, DOROTHY	
STREET ADDRESS	3330 KILLDEER PL	
CITY-ST-ZIP	PLAM HARBOR FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	ALLEN, FLO	
STREET ADDRESS	3139 DUANE AVE.	
CITY-ST-ZIP	OLDSMAR FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MCCARTHY, DOROTHY R	
1.3 STREET ADDRESS	3330 KILLDEER PL.	
1.4 CITY-ST-ZIP	PALM HARBOR FL 34685	
2.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ULAND, LINDA	
2.3 STREET ADDRESS	404 EVERGREEN DR	
2.4 CITY-ST-ZIP	OLDSMAR, FL 34677	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	TR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	ULAND, AL	
4.3 STREET ADDRESS	404 EVERGREEN DR	
4.4 CITY-ST-ZIP	OLDSMAR, FL 34677	
5.1 TITLE	TR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	CALKINS, NAOMI	
5.3 STREET ADDRESS	120 WOODLAND CT	
5.4 CITY-ST-ZIP	SAFETY HARBOR FL 34695	
6.1 TITLE	TR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	WHITTON, MARIA	
6.3 STREET ADDRESS	PO BOX 537-323 E. SHORE DR.	
6.4 CITY-ST-ZIP	OLDSMAR FL 34677	

14. 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 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: **BRENDA F FOGG** **BRENDA F FOGG** **1-29-98** **(813)855-4331**

CP2E037 (10/97)