


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90065 023 ****61.25

0071851

* NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # 738649

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	04/13/1977	
22	City & State	27	City & State	4. FEI Number	Applied For
23	Zip	28	Country	59-3028044	Not Applicable
24	Country	29	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25		30		6. Election Campaign Financing	\$5.00 May Be Added to Fees
26		31		Trust Fund Contribution	

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	JAMES A. CAMPOLI
82	Street Address (P.O. Box Number is Not Acceptable)	313 E. SHORE DR
83		
84	City	OLDSMAR FL
85	Zip Code	34677

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 JAMES A. CAMPOLI (NOTE: Registered Agent signature required when reinstating) DATE James A. Campoli

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TR	1.1 TITLE	P
NAME	ULAND, AL	1.2 NAME	
STREET ADDRESS	404 EVERGREEN DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	OLDSMAR FL 34677	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	
NAME	ULAND, LINDA	2.2 NAME	
STREET ADDRESS	404 EVERGREEN DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	OLDSMAR FL 34677	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	
NAME	FOGG, BRENDA	3.2 NAME	
STREET ADDRESS	200 E BUCKINGHAM AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	OLDSMAR FL	3.4 CITY-ST-ZIP	
TITLE	TR	4.1 TITLE	TR
NAME	CALKINS, NAOMI	4.2 NAME	RUSS GROSBECK
STREET ADDRESS	120 WOOD LAND CT	4.3 STREET ADDRESS	STATE RD LOT 21
CITY-ST-ZIP	SAFETY HARBOR FL 34695	4.4 CITY-ST-ZIP	OLDSMAR FL 34677
TITLE	P	5.1 TITLE	TR
NAME	MCCARTHY, DOROTHY R	5.2 NAME	
STREET ADDRESS	3330 KILLDEER PL	5.3 STREET ADDRESS	
CITY-ST-ZIP	PLAM HARBOR FL 34685	5.4 CITY-ST-ZIP	
TITLE	TR	6.1 TITLE	TR
NAME	WHITTON, MARIA	6.2 NAME	ART HOLLOWAY
STREET ADDRESS	P O BOX 537-323 E SHORE DR	6.3 STREET ADDRESS	609 LEMONWOOD DR
CITY-ST-ZIP	OLDSMAR FL 34677	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, with all other like empowered.

SIGNATURE: Brenda E Fogg SIGNATURE OF REGISTERED AGENT: Brenda E Fogg 1-25-99 813 855 4331

CR2E037 (1/98)