

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90411 008 ****61.25

DOCUMENT # 738649

1. Entity 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,

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3028044

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

CAMPOLI, JAMES A
317 E SHORE DRIVE
OLDSMAR FL 34677

Name

CECIL SHORT

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

2550 S/R 580 LOT 500

CLEARWATER

City

CLEARWATER

FL

Zip Code

33761

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

Cecil Short

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/10/04

FILE NOW: 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

TITLE P
NAME CAMPOLI, JAMES ☒ Delete
STREET ADDRESS 317 E SHORE DRIVE
CITY-ST-ZIP OLDSMAR FL 34677

TITLE T
NAME MICHAELS, BRIAN ☒ Delete
STREET ADDRESS 425 CEDOR RIDGE CT
CITY-ST-ZIP OLDSMAR FL 34677

TITLE T
NAME FOGG, BRENDA ☒ Delete
STREET ADDRESS 200 E BUCKINGHAM AVE
CITY-ST-ZIP OLDSMAR FL 34677

TITLE TR
NAME KINCHEN, BETTY ☒ Delete
STREET ADDRESS 401 BAYVIEW STREET
CITY-ST-ZIP OLDSMAR FL 34677

TITLE TR
NAME GAVENDITTI, LETA ☒ Delete
STREET ADDRESS 1701 S HIBISCUS CL
CITY-ST-ZIP OLDSMAR FL 34677

TITLE TR
NAME MICHAELS, VANISSA ☒ Delete
STREET ADDRESS 425 CEDOR DIDGE CT
CITY-ST-ZIP OLDSMAR FL 34677

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☒ Change ☐ Addition
NAME CECIL SHORT
STREET ADDRESS 2550 S/R 580 LOT 500
CITY-ST-ZIP CLEARWATER FL 33761

TITLE TR ☒ Change ☐ Addition
NAME JUDY KOVALCHICK
STREET ADDRESS 2550 S/R 580 LOT 475
CITY-ST-ZIP CLEARWATER FL 33761

TITLE T ☒ Change ☐ Addition
NAME CHARLES NEAD
STREET ADDRESS 2550 S/R 580 LOT 475
CITY-ST-ZIP CLEARWATER, FL 33761

TITLE T ☒ Change ☐ Addition
NAME LARRY RIX
STREET ADDRESS 237 PELICAN DR
CITY-ST-ZIP OLDSMAR, FL 34677

TITLE T ☒ Change ☐ Addition
NAME JAMES CAMPOLI
STREET ADDRESS 317 E SHORE DR.
CITY-ST-ZIP OLDSMAR, FL 34677

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

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:

Cecil Short

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/04

Date

797-0619

Daytime Phone #