


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90112 003 ****70.00

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 SAME Suite, Apt. #, etc.		3. Mailing Address Box 163 Suite, Apt. #, etc. OLDSMAR FL.			
City & State 		City & State FL.		4. FEI Number 59-3028044	
Zip 		Country 		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33677		Country PINELLAS		6. Name and Address of Current Registered Agent SHORT, CECIL 2550 SR 580 LOT 500 CLEARWATER FL 33761	
7. Name and Address of New Registered Agent Name CHARLES A. NEAD Street Address (P.O. Box Number is Not Acceptable) 2550 SE RD 580 #475 City CIW State 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 Charles A. Nead Charles Nead 3-31-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>			
FILE NOW: FEE IS \$61.25 Due By May 1, 2005 70.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 P NAME SHORT, CECIL STREET ADDRESS 2550 SR 580 LOT 500 CITY-ST-ZIP CLEARWATER FL 33761	<input checked="" type="checkbox"/> Delete		TITLE P. NAME CHARLES A. NEAD STREET ADDRESS 2550 SE RD 580 #475 CITY-ST-ZIP CIW FL. 33761	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME KOVALCHICK, JUDY STREET ADDRESS 2550 SR 580 LOT 475 CITY-ST-ZIP CLEARWATER FL 33761	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE TR NAME NEAD, CHARLES STREET ADDRESS 2550 SR 580 LOT 475 CITY-ST-ZIP CLEARWATER FL 33761	<input checked="" type="checkbox"/> Delete		TITLE TR. NAME Pete Murphy STREET ADDRESS 2176 CHAPARRAL WAY CITY-ST-ZIP DUNEDIN, FL. 34698	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE TR NAME RIX, LARRY STREET ADDRESS 237 PELICAN DR CITY-ST-ZIP OLDSMAR FL 34677	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE TR NAME CAMPOLI GAMBELL, JAMES STREET ADDRESS 317 E SHORE DR CITY-ST-ZIP OLDSMAR FL 34677	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE VP NAME Robin Hilliard STREET ADDRESS 200 DUNKIRK RD. CITY-ST-ZIP OLDSMAR FL. 34677	<input type="checkbox"/> Delete		TITLE VP NAME Robin Hilliard STREET ADDRESS 200 DUNKIRK CITY-ST-ZIP OLDSMAR FL. 34677	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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: Judy Kovalchick Judy Kovalchick 3/29/05 727-726-6402 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					