

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738992

FILED
Apr 23, 2009
Secretary of State

Entity Name: RUSSELL PARK CIVIC ASSOCIATION, INC.

Current Principal Place of Business:

290 MIRAMAR RD.
FT. MYERS, FL 33905

New Principal Place of Business:

Current Mailing Address:

290 MIRAMAR RD.
FT. MYERS, FL 33905

New Mailing Address:

FEI Number: 59-2355842

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STARKS, CHARLES A
211 KINGSTON DRIVE
FORT MYERS, FL 33905 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: YOUNG, CHESTER
Address: 227 DELRAY AVE.
City-St-Zip: FORT MYERS, FL 33905

Title: P () Delete
Name: FOWLER, JIM
Address: 244 LAGOON DRIVE
City-St-Zip: FORT MYERS, FL 33905

Title: D () Delete
Name: STARKS, CHARLES DR
Address: 211 KINGSTON DR
City-St-Zip: FORT MYERS, FL 33905

Title: S () Delete
Name: OWENS, SIGRID
Address: 4907 CYPRESS LANE
City-St-Zip: FORT MYERS, FL 33905

Title: T (X) Delete
Name: KIMBRELL, ROBERT
Address: 4562 E RIVERSIDE DR
City-St-Zip: FORT MYERS, FL 33905

Title: D (X) Delete
Name: BLAIR, LENARD
Address: 221 KINGSTON DR.
City-St-Zip: FORT MYERS, FL 33905

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: YOUNG, CHESTER
Address: 227 DELRAY AVE.
City-St-Zip: FORT MYERS, FL 33905

Title: V (X) Change () Addition
Name: FOWLER, JIM
Address: 244 LAGOON DRIVE
City-St-Zip: FORT MYERS, FL 33905

Title: T (X) Change () Addition
Name: STARKS, CHARLES DR
Address: 211 KINGSTON DR
City-St-Zip: FORT MYERS, FL 33905

Title: D (X) Change () Addition
Name: BLAIR, LENARD
Address: 221 KINGSTON DR
City-St-Zip: FORT MYERS, FL 33905

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES A STARKS

TREA

04/23/2009

Electronic Signature of Signing Officer or Director

Date