NO

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
IF NOT DUE ON OR BEFORE 9/17/97: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

APPROVED
AND
FILED

1997 OCT -2 PM 3:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT
CORPORATION
ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 739114 (7)

1. Corporation Name

PALM COAST CIVIC ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 350654 P. O. BOX 350654 PALM COAST FL 32135 US	P.O. BOX 350654 P. O. BOX 350654 PALM COAST FL 32135 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/19/1977
3a. Date of Last Report: 03/04/1996

2. Principal Place of Business (21)
2a. Mailing Address (26)

4. FEI Number: 59-1854459 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State (23) / City & State (28)

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip (24) Country (25) / Zip (29) Country (30)

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

RADLET, THOMAS J.
1 BLEAU COURT
PALM COAST FL 32137

10. Name and Address of New Registered Agent

81 Name: Eustace, John M.
82 Street Address (P.O. Box Number is Not Acceptable): 4 Chickasaw Ct.
83
84 City: Palm Coast FL 85 Zip Code: 32137

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: John M. Eustace — 9/16/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ~~RADLET, THOMAS J~~ ~~1 BLEAU CT~~ ~~PALM COAST, FL 00000~~	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	President. D ~~Sister~~ Eustace, John M. 4 Chicksaw Court Palm Coast, Fl. 32137	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SCRIPP, JOHN L. III 14 CURRY SOURT PALM COAST FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	~~VP~~	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD NEVERAS, THERESA 75 CORAL REEF CT. N. PALM COAST FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ~~WOLFERT, MARY~~ ~~32 BLACK BEAR LANE~~ 32 Black Bear Ln. PALM COAST FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	TD WOLFERT, MARY 32 BLACK BEAR LN	☐ Change ☐ Addition CORRECTION SPELLING
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Carter, Ralph 2 Wood Amber Ln. Palm Coast, Fl.	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	VD CARTER, RALPH 2 WOODAMBER LANE PALM COAST, FL	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Pitman, Jack 14 Wendy Ln. Palm Coast, Fl.	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	VP PITMAN, JACK 14 WENDY LN PALM COAST, FL	☐ Change ☒ Addition

$61.25

CR2E037 (4/97)

14. I do 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: ~~PRESIDENT~~ — 9/16/97 — (904) 446-7324