FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 20 AM 11:12

DOCUMENT # 744446 (6)

1. Corporation Name
THE EAST MIMS PROGRESSIVE CIVIC LEAGUE, INC.

Principal Place of Business	Mailing Address
P.O. BOX 692 2452 S HARRY T MOORE AVE MIMS FL 32754-0692	P.O. BOX 692 2452 S HARRY T MOORE AVE MIMS FL 32754-0692

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/02/1978
3a. Date of Last Report: 03/28/1994
4. FEI Number: 59-3045326 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SMITH, CHARLIE O
2452 S HARRY T MOORE AVE
MIMS FL 32754

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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 607.0505, Florida Statutes.

SIGNATURE _____
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	P	1.1 TITLE	P ☒ Change ☐ Addition
NAME	YOUNG, DENNIS	1.2 NAME	Wright, Juanita
STREET ADDRESS	1413 WATROUS DR	1.3 STREET ADDRESS	2616 Harry T. Moore Ave.
CITY-ST-ZIP	TITUSVILLE FL	1.4 CITY-ST-ZIP	Mims, FL
TITLE	V	2.1 TITLE	VP ☐ Change ☐ Addition
NAME	WARREN, CRANDALL	2.2 NAME	Warren, Crandall
STREET ADDRESS	2397 S. HARRY T. MOORE AVE.	2.3 STREET ADDRESS	2397 S. Harry T. Moore Ave.
CITY-ST-ZIP	MIMS FL	2.4 CITY-ST-ZIP	Mims, FL
TITLE	S	3.1 TITLE	S/D ☐ Change ☐ Addition
NAME	SMITH, CHARLIE O.	3.2 NAME	Smith, Charlie O.
STREET ADDRESS	2452 S HARRY T MOORE AVE	3.3 STREET ADDRESS	2452 S. Harry T. Moore Ave.
CITY-ST-ZIP	MIMS FL	3.4 CITY-ST-ZIP	Mims, FL
TITLE	D	4.1 TITLE	D ☐ Change ☐ Addition
NAME	PILATE, NATHANIEL	4.2 NAME	Pilate, Nathaniel
STREET ADDRESS	2316 S. HARRY T. MOORE AVE.	4.3 STREET ADDRESS	2316 S. Harry T. Moore Ave.
CITY-ST-ZIP	MIMS FL	4.4 CITY-ST-ZIP	Mims, Fl
TITLE	T	5.1 TITLE	T/D ☒ Change ☐ Addition
NAME	JAMERSON, ERNESTINE	5.2 NAME	Martin, Cathy
STREET ADDRESS	2328 S. HARRY T. MOORE AVE.	5.3 STREET ADDRESS	2570 Myrtle Avenue
CITY-ST-ZIP	MIMS FL	5.4 CITY-ST-ZIP	Mims, FL
TITLE	D	6.1 TITLE	D ☒ Change ☐ Addition
NAME	MARTIN, CYNTHIA	6.2 NAME	Bouie, Brenda
STREET ADDRESS	1400 THOREAU ST.	6.3 STREET ADDRESS	P. O. Box 362 N/A
CITY-ST-ZIP	TITUSVILLE FL	6.4 CITY-ST-ZIP	Mims, FL

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: C Charlie O. Smith 2/12/95 (407) 267-0217
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0031841