


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

**FILED**  
**Mar 23, 2005 8:00 am**  
**Secretary of State**

03-23-2005 90036 050 \*\*\*\*61.25

<b>DOCUMENT # 747300</b>	
1. Entity Name <b>WELCH'S SUBDIVISION CIVIC ASSOCIATION, INC.</b>	

Principal Place of Business <b>11292 SW WELCH AVENUE C/O BILL WINNEWISSER ARCADIA FL 34266 US</b>	Mailing Address <b>11292 SW WELCH AVENUE % BILL WINNEWISSER, PRES. ARCADIA FL 33821 US</b>
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2. Principal Place of Business <b>11214 SW WELCH AVE</b> Suite, Apt. #, etc.	3. Mailing Address <b>11269 SW WELCH AVE</b> Suite, Apt. #, etc. <b>40 EARLE ALLARD, PRES.</b>
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City & State <b>ARCADIA FL</b>	City & State <b>ARCADIA FL</b>
Zip <b>34269</b>	Country <b>U.S.A</b>
Zip <b>34269</b>	Country <b>USA</b>



1st MOORE CR2E037 (10/04)

4. FEI Number <b>59-2938103</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>WINNEWISSER, BILL 11292 SW WELCH AVE ARCADIA FL 34266</b>	7. Name and Address of New Registered Agent Name <b>EARLE ALLARD</b> Street Address (P.O. Box Number is Not Acceptable) <b>11269 SW WELCH AVE</b> City <b>ARCADIA</b> FL Zip Code <b>34269</b>
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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 *Earle W. Allard* **EARLE WALLARD** March 18, 2005  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WINNEWISSER, BILL 11292 SW WELCH AVE ARCADIA FL 34266 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EARLE ALLARD 11269 SW WELCH AVE ARCADIA, FL 34269 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ALLARD, EARL 11269 SW WELCH AVE ARCADIA FL 34266 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRUCE HATFIELD 11149 SW CRENSHAW AVE ARCADIA, FL 34269 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HATFIELD, SUSAN 11149 SW CRENSHAW AVE ARCADIA FL 34269 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.D PAUL TINCHER 11189 SW WELCH AVE ARCADIA, FL 34269 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABBOTT, WAYNE 11243 SW WELCH AVE 11278 SW WELCH AVE ARCADIA FL 34266 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRY GRIFFITH 11176 SW WELCH AVE ARCADIA 71 34269 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MYERS, GEORGE 11139 SW WELCH AVE ARCADIA FL 34269 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACK KRONTZ 11243 SW WELCH AVE ARCADIA, 71 34269 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KASEL, GEORGE 11162 SW WELCH AVE ARCADIA FL 34266 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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: *Earle W. Allard* **EARLE WALLARD** March 18, 2005 941-629-9945  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #