

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747300

FILED
Feb 11, 2009
Secretary of State

Entity Name: WELCH'S SUBDIVISION CIVIC ASSOCIATION, INC.

Current Principal Place of Business:

11014 SW WELCH AVE
ARCADIA, FL 34269 US

New Principal Place of Business:

Current Mailing Address:

11269 SW WELCH AVE
ARCADIA, FL 34269 US

New Mailing Address:

FEI Number: 59-2938103

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLARD, EARLE
11269 SW WELCH AVE
ARCADIA, FL 34269 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: PD () Delete
Name: ALLARD, EARLE
Address: 11269 SW WELCH AVE
City-St-Zip: ARCADIA, FL 34269

Title: D () Delete
Name: HATFIELD, BRUCE
Address: 11149 SW CRENSHAW AVE
City-St-Zip: ARCADIA, FL 34269

Title: ST () Delete
Name: HATFIELD, SUSAN
Address: 11149 SW CRENSHAW AVE
City-St-Zip: ARCADIA, FL 34269

Title: D () Delete
Name: ABBOTT, WAYNE
Address: 11243 SW WELCH AVE
City-St-Zip: ARCADIA, FL 34269

Title: D () Delete
Name: GRIFFITHS, HARRY
Address: 11176 S.W. WELCH AVENUE
City-St-Zip: ARCADIA, FL 34269

Title: VD () Delete
Name: FINCHER, PAUL
Address: 11189 SW WELCH AVE
City-St-Zip: ARCADIA, FL 34269

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: D (X) Change () Addition
Name: MYER, GEORGE
Address: 11292 SW WELCH AVE
City-St-Zip: ARCADIA, FL 34269

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

Title: VD (X) Change () Addition
Name: TINCHER, PAUL
Address: 11189 SW WELCH AVE
City-St-Zip: ARCADIA, FL 34269

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: EARLE ALLARD

PRES

02/11/2009

Electronic Signature of Signing Officer or Director

Date