

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752428

FILED
Feb 02, 2009
Secretary of State

Entity Name: CIVIC ASSOCIATION OF RIO VISTA, INC.

Current Principal Place of Business:

P.O. BOX 817
DUNNELLON, FL 34430 US

New Principal Place of Business:

3530 SOUTHWEST 183RD TERRACE
DUNNELLON, FL 34432 US

Current Mailing Address:

P.O. BOX 817
DUNNELLON, FL 34430 US

New Mailing Address:

FEI Number: 59-2324903 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

WISE, JOSEPHINE
3530 SOUTHWEST 183 TERRAC
DUNNELLON, FL 34432 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: WISE, JOSEPHINE
Address: 3530 SOUTHWEST 183RD TERRACE
City-St-Zip: DUNNELLON, FL 34432

Title: VD () Delete
Name: STEVENS, EDWARD
Address: P. O. BOX 817
City-St-Zip: DUNNELLON, FL 34430

Title: S () Delete
Name: DIACIK, LYNDA
Address: 11035 SW 186TH CIRCLE
City-St-Zip: DUNNELLON, FL 34432

Title: T () Delete
Name: STEVENS, MADELEINE
Address: PO BOX 817
City-St-Zip: DUNNELLON, FL 34430

Title: D () Delete
Name: WISE, RICHARD
Address: 18735 SOUTHWEST 108TH STREET
City-St-Zip: DUNNELLON, FL 34432

Title: D () Delete
Name: HORTON, GENE
Address: P.O. BOX 1793
City-St-Zip: DUNNELLON, FL 34430

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: STEVENS, EDWARD
Address: P. O. BOX 817
City-St-Zip: DUNNELLON, FL 34430

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: () 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: JOSEPHINE WISE

P

02/02/2009

Electronic Signature of Signing Officer or Director

Date