

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 MAY 23 PM 1:07

DOCUMENT # 756168 (1)

1. Corporation Name

THE SOUTH DADE CIVITAN CLUB, INC.

Principal Place of Business

Mailing Address

PO BOX 570835
PERRINE FL 33257

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PERRINE FL 33257

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/02/1981

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2276468

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

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

21. **JOAN'S GALLEY TOO**

Suite, Apt. #, etc.

22. **20400 Old Cutler Rd**

City & State

23. **Miami, FL**

City & State

24. **33189**

Country

USA

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LUDOVICI, PHILIP F., ESQ.
730 PERRINE AVENUE
MIAMI FL 33157**

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 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P**
NAME **LUDOVICI, DENISE**
STREET ADDRESS **730 PERRINE AVE**
CITY-ST-ZIP **PERRINE FL**

1.1 TITLE **President** ☒ Change ☐ Addition
1.2 NAME **PARKER, JOAN**
1.3 STREET ADDRESS **POB 570835**
1.4 CITY-ST-ZIP **Miami, FL 33257-0835**

TITLE **VP**
NAME **LUDOVICI, PHILIP**
STREET ADDRESS **730 PERRINE AVE**
CITY-ST-ZIP **PERRINE FL**

2.1 TITLE **Vice President** ☒ Change ☐ Addition
2.2 NAME **ANDERSEN, SONIA**
2.3 STREET ADDRESS **POB 570835**
2.4 CITY-ST-ZIP **MIAMI, FL 33257-0835**

TITLE **ST**
NAME **HUGHES, FLORENCE**
STREET ADDRESS **730 PERRINE AVE**
CITY-ST-ZIP **PERRINE FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **SAA**
NAME **ADLER, ARTHUR**
STREET ADDRESS **730 PERRINE AVE**
CITY-ST-ZIP **PERRINE FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D**
NAME **HUGHES, JIM**
STREET ADDRESS **730 PERRINE AVE**
CITY-ST-ZIP **PERRINE FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **D**
NAME **TRINIDAD, WESTCOTT**
STREET ADDRESS **730 PERRINE AVE**
CITY-ST-ZIP **PERRINE FL**

6.1 TITLE **Director** ☒ Change ☐ Addition
6.2 NAME **HESTER, PATRICIA**
6.3 STREET ADDRESS **POB 570835**
6.4 CITY-ST-ZIP **Miami, FL 33257-0835**

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 110.07(3)(b), 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: JH Hughes F.H. Hughes Secy/Treas 5/18/95 (305)233-4242

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

(Signature Number)