

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # 758232

1. Entity Name

W.T. NEAL CIVIC CENTER, INC.



Principal Place of Business

17773 N PEAR ST
BLOUNTSTOWN FL 32424
US

Mailing Address

17773 N PEAR ST
BLOUNTSTOWN FL 32424
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2140323

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/05)



6. Name and Address of Current Registered Agent

MONTGOMERY, HOWELL
24261 NE DR NW ELDRIDGE RD
BLOUNTSTOWN FL 32424

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

HOWELL MONTGOMERY

Signature typed or printed name of registered agent and title if applicable

Howell U

(NOTE: Registered Agent signature required when reinstating)

2-04-06

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MCELLAN, HENTZ H.	
STREET ADDRESS	17518 NE TERSA TERR	
CITY-ST-ZIP	BLOUNTSTOWN FL 32424	
TITLE	DP	<input type="checkbox"/> Delete
NAME	MONTGOMERY, HOWELL	
STREET ADDRESS	24261 NE DRIVE NW ELDRIDGE RD	
CITY-ST-ZIP	BLOUNTSTOWN FL 32424	
TITLE	DV	<input type="checkbox"/> Delete
NAME	JOHNSON, JEANETTE	
STREET ADDRESS	17799 NE CHARLIE JOHNS ST	
CITY-ST-ZIP	BLOUNTSTOWN FL 32424	
TITLE	D	<input type="checkbox"/> Delete
NAME	DURHAM, JOE RAY	
STREET ADDRESS	18946 SR 71 N BOX 54	
CITY-ST-ZIP	BLOUNTSTOWN FL 32424	
TITLE	STD	<input type="checkbox"/> Delete
NAME	CORBIN, FINLAY	
STREET ADDRESS	19999 SW DOGWOOD AVE	
CITY-ST-ZIP	BLOUNTSTOWN FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

HOWELL MONTGOMERY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-06-06