

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2008 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



1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2140323

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature is not used when re-instating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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 ☐ Delete
NAME D
STREET ADDRESS MCCALLAN, HENTZ H.
CITY-ST-ZIP 17518 NE TERSA TERR
BLOUNTSTOWN FL 32424

TITLE ☐ Delete
NAME DP
STREET ADDRESS MONTGOMERY, HOWELL
CITY-ST-ZIP 24261 NE DRIVE NW ELDRIDGE RD
BLOUNTSTOWN FL 32424

TITLE ☐ Delete
NAME DV
STREET ADDRESS JOHNSON, JEANETTE
CITY-ST-ZIP 17799 NE CHARLIE JOHNS ST
BLOUNTSTOWN FL 32424

TITLE ☐ Delete
NAME D
STREET ADDRESS DURHAM, JOE RAY
CITY-ST-ZIP 18946 SR 71 N BOX 54
BLOUNTSTOWN FL 32424

TITLE ☐ Delete
NAME STD
STREET ADDRESS CORBIN, FINLAY
CITY-ST-ZIP 19999 SW DOGWOOD AVE
BLOUNTSTOWN FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

[Signature]

2-5-08

850-674-4885