


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90109 050 ****61.25

DOCUMENT # 760712

1. Entity Name
 THE PARRISH CIVIC ASSOCIATION, INC.



Principal Place of Business
 PARRISH CIVIC ASSOCIATION, INC.
 HWY 301 & 71 ST. E.
 PARRISH, FL 34219 US

Mailing Address
 PO BOX 257
 PARRISH, FL 34219 US

60002773



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01152007 Chg-NP CR2E037 (12/06)

4. FEI Number
 59-2822031 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JORDAN, BEN
 2012 ISLAND ESTATES DR.
 PARRISH, FL 34219

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2007

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 checked="" type="checkbox"/> Delete |
| NAME | WITT, PAT | |
| STREET ADDRESS | 139 LANTANA CIRCLE | |
| CITY-ST-ZIP | PARRISH, FL 34219 | |
| TITLE | PD | <input checked="" type="checkbox"/> Delete |
| NAME | WARDELL, GORDON | |
| STREET ADDRESS | 11355 ERIE ROAD | |
| CITY-ST-ZIP | PARRISH, FL 34219 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | JORDAN, COOKIE | |
| STREET ADDRESS | 2012 ISLAND ESTATES DR. | |
| CITY-ST-ZIP | PARRISH, FL 34219 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | VAUGHN, TAMI | |
| STREET ADDRESS | MARTHA ROAD | |
| CITY-ST-ZIP | PARRISH, FL 34219 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | JORDAN, BEN | |
| STREET ADDRESS | 2012 ISLAND ESTATES DR. | |
| CITY-ST-ZIP | PARRISH, FL 34219 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | HODGES, JOAN | |
| STREET ADDRESS | 3302 WILDERNESS BLVD. EAST | |
| CITY-ST-ZIP | PARRISH, FL 34219 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 6650 Martha Road | |
| CITY-ST-ZIP | | |
| TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | VD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 Chapter 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: Tami M. Vaughan, Treas. Date: 1/15/07 Daytime Phone #: 941-776-8222