

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 03, 2008
Secretary of State

DOCUMENT# 760712

Entity Name: THE PARRISH CIVIC ASSOCIATION, INC.

Current Principal Place of Business:

PARRISH CIVIC ASSOCIATION, INC.
HWY 301 & 71 ST. E.
PARRISH, FL 34219 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 257
PARRISH, FL 34219 US

New Mailing Address:

FEI Number: 59-2822031 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

JORDAN, BEN
2012 ISLAND ESTATES DR.
PARRISH, FL 34219 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: SD () Delete
Name: JORDAN, COOKIE
Address: 2012 ISLAND ESTATES DR.
City-St-Zip: PARRISH, FL 34219

Title: TD () Delete
Name: VAUGHN, TAMI
Address: 6550 MARTHA ROAD
City-St-Zip: PARRISH, FL 34219

Title: PD () Delete
Name: JORDAN, BEN
Address: 2012 ISLAND ESTATES DR.
City-St-Zip: PARRISH, FL 34219

Title: VD () Delete
Name: HODGES, JOAN
Address: 3302 WILDERNESS BLVD. EAST
City-St-Zip: PARRISH, FL 34219

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: BEN JORDAN

DIR

01/03/2008

Electronic Signature of Signing Officer or Director

_____ Date