

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 07, 2009  
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: TAMI M. VAUGHAN

TD

01/07/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date