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FILED
May 22 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State,
DIVISION OF CORPORATIONS

DOCUMENT # 763364 (7)
1. Corporation Name

BALM COMMUNITY CIVIC ASSOCIATION, INC.



Principal Place of Business Mailing Address
P O BOX 283 P O BOX 283
BALM FL 33503 BALM FL 33503
US US

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country
24 Zip 25 Country 29 Zip 30 Country

3. Date Incorporated or Qualified

05/19/1982

4. FEI Number

59-2353494

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No ☒ N/A

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILSON, TERRY
13611 ASPEN AVE
RIVERVIEW FL 33569

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME WILSON, GREG
STREET ADDRESS 1377 ASPEN 13611 Aspen Ave
CITY-ST-ZIP RIVERVIEW FL 33569

TITLE ☐ DELETE
NAME MASSEY, MORNA
STREET ADDRESS 13763 HWY 672
CITY-ST-ZIP WIMAUMA FL

TITLE ☐ DELETE
NAME WILSON, TERRY
STREET ADDRESS 13611 ASPEN
CITY-ST-ZIP RIVERVIEW FL 33569

TITLE ☒ DELETE
NAME O'BRIEN, WILLIAM
STREET ADDRESS 15002 CARLTON LAKE RD
CITY-ST-ZIP LITHIA FL 33547

TITLE ☒ DELETE
NAME MCCULLOUGH, ALTON
STREET ADDRESS 13724 HWY 672
CITY-ST-ZIP WIMAUMA FL 33598

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE PD ☐ Change ☒ Addition
2.2 NAME Reed, Doug
2.3 STREET ADDRESS PO Box 283
2.4 CITY-ST-ZIP Balm, FL. 33503 (N/A)

3.1 TITLE Vivian McCullough ☐ Change ☒ Addition
3.2 NAME P.O. Box 67
3.3 STREET ADDRESS Balm, FL. 33503 (N/A)
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME Waits, Carol
4.3 STREET ADDRESS P.O. Box 441
4.4 CITY-ST-ZIP Balm, FL. 33503 (N/A)

5.1 TITLE C ☐ Change ☒ Addition
5.2 NAME Phillips, Dana
5.3 STREET ADDRESS 1222 Chert Rock Trail
5.4 CITY-ST-ZIP Lithia, FL. 33547

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Dana Phillips

4-23-98

813-634-2792

CR2E037 (10/97)