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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **764794**

1. Corporation Name

THE CIVITAN CLUB OF ST. PETERSBURG, INC.

Principal Place of Business	*Mailing Address*
P.O. BOX 10094 ST. PETERSBURG FL 33733-0094	P.O. BOX 10094 ST. PETERSBURG FL 33733-0094

2. *Principal Place of Business* 21	2a. *Mailing Address* 26	3. Date Incorporated or Qualifed 09/01/1982
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. *FEI Number* 59-6134180 ☐ *Applied For* ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

FRAZIER, LEE
126 CORDOVA BLVD. N.E.
ST. PETERSBURG FL 33704

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☒ DELETE	1.1 TITLE	P STEVE ECKELBARGER	☐ Change ☒ Addition
NAME	COUTURE, TOM		1.2 NAME		
STREET ADDRESS	7000 BLIND PASS RD.		1.3 STREET ADDRESS	18322 GULF BLVD #302	
CITY-ST-ZIP	ST. PETERSBURG FL		1.4 CITY-ST-ZIP	INDIAN SHORES FL 33785	
TITLE	D	☒ DELETE	2.1 TITLE	VP	☐ Change ☒ Addition
NAME	RESOP, PAUL		2.2 NAME	EULA C BRECKENRIDGE	
STREET ADDRESS	9425 BLIND PASS RD 608		2.3 STREET ADDRESS	10136 YACHT CLUB DR	
CITY-ST-ZIP	ST PETERSBURG BCH FL		2.4 CITY-ST-ZIP	TREASURE ISLAND FL 33706	
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DEMINT, TOM		3.2 NAME		
STREET ADDRESS	676 NORTHWEST BLVD NORTH		3.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETE BEACH FL 33702		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	FRAZIER, LEE		4.2 NAME		
STREET ADDRESS	126 CORDOVA BLVD., N.E.		4.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL 33704		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE	D	☒ Change ☐ Addition
NAME	HELINGER, JAMES A		5.2 NAME	TOM COUTURE	
STREET ADDRESS	8001 BOCA CIEGA DR		5.3 STREET ADDRESS	7000 BLIND PASS RD	
CITY-ST-ZIP	ST PETERSBURG FL 33706		5.4 CITY-ST-ZIP	ST PETE BEACH FL 33706	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	VELBOOM, GLENN		6.2 NAME		
STREET ADDRESS	3391 MAPLE ST., N.E.		6.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: Lee Frazier SIGNATURE REQUIRED 1-28-99 727-8940517
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #