2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Feb 02, 2004 8:00 am Secretary of State **DOCUMENT # 764794** THE CIVITAN CLUB OF ST. PETERSBURG, INC. 02-02-2004 90023 019 ****61.25 Principal Place of Business Mailing Address P.O. BOX 10094 P.O. BOX 10094 ST. PETERSBURG, FL 33733-0094 ST. PETERSBURG, FL 33733-0094 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01142004 Cha-NP CR2E037 (10/03) City & State City & State 4. FEI Number Applied For 59-6134180 Not Applicable \$8.75 Additional Zip Ζiρ Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GORDON: JAMES: F---Street Address (P.O. Box Number is Not Acceptable) 1695 PINELLAS BAYWAY SE 3 TIERRA VERDE, FL 33715 Zip Code City 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 CFSIgnature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) داد کا کامل Make check payable to Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Florida Department of State Trust Fund Contribution. Due by, May 1, 2004 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS **#0.** President P LLbr TITLE **Delete** TITLE Change Addition BehroLler Robert 6. THOMAS, BARBARA NAME NAME 024B グラノと 1715 WHISPERING DR E 2614 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LARGO, FL 33771 CITY - ST- ZIP ララクシク - ゴムひと TITLE ☐ Addition ☐ Delete TITLE NAME MARYANN, FISHER NAME STREET ADDRESS 6013 19 ST NE STREET ADDRESS CiTY-ST-7/P SAINT PETERSBURG, FL 33703 CITY-ST-ZIP Ve asure u T Addition TITLE TITLE ☐ Change Delete PINNIX, THERESA NAME NAME STREET ADDRESS 5911 10TH ST N STREET ADDRESS 5916 CITY-ST-ZIP SAINT PETERSBURG, FL 33703 CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition D ☐ Delete COUTURE, TOM NAME NAME STREET ADDRESS 7000 BLVD PASS RD STREET ADDRESS CITY-ST-ZIP ST PETERSBURG, FL 33706 CITY-ST-7IP Addition TITLE Delete TITLE Director ☐ Change NAME VANDERBLEER, JACK NAME STREET ADDRESS STREET ADDRESS 273 BAYVIEW BLVD CITY-ST-ZIP SAINT PETERSBURG, FL 33704 m 1/251 CITY-ST-ZIP Change ... TITLE Delete TITLE STERLING, JACK -NAME NAME 7300 SUN ISLAND DR #1802 STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP S PASADENA, FL 33707 12. 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 report or supplierental 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

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changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED