

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 28, 2005 8:00 am
Secretary of State

07-28-2005 90006 050 ****61.25

DOCUMENT # N04000008026

1. Entity Name
CIVITAN CLUB OF SOUTH JACKSONVILLE, INC.



Principal Place of Business
**7932 CATAWBA DR
JACKSONVILLE, FL 32217**

Mailing Address
**P.O. BOX 10054
JACKSONVILLE, FL 32247**

50058351



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07222005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number

20-1714993

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FOUNTAIN, DAVID
7932 CATAWBA DR
JACKSONVILLE, FL 32217**

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **STANFORD, RON**
STREET ADDRESS **4539 NATURE VIEW LN N**
CITY-ST-ZIP **JAVCKSONVILLE, FL 32217**

TITLE **Director** ☐ Change ☒ Addition
NAME **Robert Falls**
STREET ADDRESS **4052 Mizner Ct.**
CITY-ST-ZIP **Jacksonville, FL 32217**

TITLE **D** ☐ Delete
NAME **HOPSON, JULIAN A**
STREET ADDRESS **2338 CHERYL DR**
CITY-ST-ZIP **JACKSONVILLE, FL 32217**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **EVERILL, WILLIAM**
STREET ADDRESS **1346 JAMAICA CT**
CITY-ST-ZIP **JACKSONVILLE, FL 32216**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE: **Julian A. Hopson**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-26-05

Date

904 733-8209
Daytime Phone #