

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2007 8:00 am**  
**Secretary of State**

02-09-2007 90020 013 \*\*\*\*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**

**40012538**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01212007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**20-1714993**

Applied For  
Not Applicable

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 May 1, 2007**

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 **BARNES, DON**  
STREET ADDRESS **10754 SCOTT MILL RD 14**  
CITY-ST-ZIP **JACKSONVILLE, FL 32223**

TITLE **D** ☐ Change ☒ Addition  
NAME **Barbara Carroll**  
STREET ADDRESS **4301 Spoon Hollow Ln**  
CITY-ST-ZIP **Jacksonville FL 32217**

TITLE **D** ☐ Delete  
NAME **CAMP, GERALD**  
STREET ADDRESS **7224 LORAIN ST**  
CITY-ST-ZIP **JACKSONVILLE, FL 32208**

TITLE **D** ☐ Change ☒ Addition  
NAME **David Fountain**  
STREET ADDRESS **7932 Catawba Dr**  
CITY-ST-ZIP **Jacksonville FL 32217**

TITLE **D** ☒ Delete  
NAME **FELLS, ROBERT**  
STREET ADDRESS **4052 MIZNER COURT**  
CITY-ST-ZIP **JACKSONVILLE, FL 32217**

TITLE **D/T** ☐ Change ☒ Addition  
NAME **Julian Hopson**  
STREET ADDRESS **2238 Cheryl Dr.**  
CITY-ST-ZIP **Jacksonville FL 32217**

TITLE **P** ☒ Delete  
NAME **RANDELL, DUNCAN**  
STREET ADDRESS **1256 WINDSOR PL**  
CITY-ST-ZIP **JACKSONVILLE, FL 32205**

TITLE **P** ☐ Change ☒ Addition  
NAME **Ronald Hamilton**  
STREET ADDRESS **12220 Lashbrook Ct.**  
CITY-ST-ZIP **Jacksonville FL 32223**

TITLE **S** ☐ Delete  
NAME **NORDSTROM, PHILIP J**  
STREET ADDRESS **1120 WESTWOOD DR**  
CITY-ST-ZIP **JACKSONVILLE, FL 32259**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Philip J. Nordstrom** *Philip J. Nordstrom* February 6, 2007 904 940-6957  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #