2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 25, 2008 8:00 am Secretary of State

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DOCUMENT	# N0400008026

1. Entity Name

CIVITAN CLUB OF SOUTH JACKSONVILLE, INC.

7932 CATAV	ce of Business VBA DR LE, FL 32217	Mailing Address P.O.BOX 10054 JACKSONVILLE, FL 3224	7		4001	0489			
2. Principal f	Place of Business - No P.O. Box #	3. Mailing Address	· .	·.					
			6982				MARIE MARIE ON (SI		ARIEMI MI KMMI
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			01192008	Chg-NP	CR2E	037 (12/06)	
City & Sta	te	Jacksonville	FL		4. FEI Number 20-1714				pplied For lot Applicab
Zip	Country	32241	Country		5. Certificate of	of Status Desired	1 🗆	\$8.75 Ad	
· · · · · · · · · · · · · · · · · · ·	6. Name and Address of Current	Registered Agent		_ · !	7. Name and	Address of New	Registered	Agent	
FOUNTAI	N, DAVIDe		Name						
7932 CAT	AWBA DR IVILLE, FL 32217		Street A	Address (P	O. Box Number	r is Not Accepta	ble)		
	· · · · · · · · · · · · · · · · · · ·		City				F	L Zip Cod	et
	e named entity submits this statement for tions of registered agent.	or the purpose of changing its re	gistered office o	r registere	d agent, or both	n, in the State of	Florida. I an	n familiar with	, and accep
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SIGNATURE						·			
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: R	Registered Agent signat	ture required v	when reinsteting)		DATE		
SIGNATURE	Signature, typed or printed name of registered agent	9. Election Campa Trust Fund Cor	aign Financing		when reinstating) \$5.00 May Be Added to Fees		Make che	ck payable t	
SIGNATURE	Signature, typed or printed name of registered agent	9. Election Camp. Trust Fund Cor	aign Financing		\$5.00 May Be Added to Fees		Make cheo	ertment of S	State ·
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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 i changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Milia / March Tanyacy 22 2008 904 940-6957