


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

01-25-2008 90029 036 \*\*\*\*61.25

<b>DOCUMENT # N04000008026</b> 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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 56982			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Jacksonville FL		4. FEI Number 20-1714993	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
32241		32241		01192008 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent  FOUNTAIN, DAVID 7932 CATAWBA DR JACKSONVILLE, FL 32217				7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;">FL</span> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARROLL, BARBARA 4301 SPOON HOLLOW LN. JACKSONVILLE, FL 32217	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ronald Stanford 4539 Nature View Lane N. Jacksonville, FL 32217	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Additio
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMP, GERALD 7224 LORAIN ST JACKSONVILLE, FL 32208	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Jim Carithers 3644 Riverhall Dr. Jacksonville, FL 32217	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Additio
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HOPSON, JULIAN 2238 CHERYL DR. JACKSONVILLE, FL 32217	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Peggy Forrest 9745 Touchton Road #2404 Jacksonville, FL 32246	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Additio
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAMILTON, RONALD 12220 LASHBROOK CT. JACKSONVILLE, FL 32223	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Philip J. Nordstrom 1355 Castle Pines Circle St Augustine, FL 32092	<input type="checkbox"/> Change <input type="checkbox"/> Additio
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NORDSTROM, PHILIP J. 1120 WESTWOOD DR JACKSONVILLE, FL 32259	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Philip J. Nordstrom 1355 Castle Pines Circle St Augustine, FL 32092	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Additio
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete

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* January 22, 2008 904 940-6957