

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008982

FILED
Feb 19, 2009
Secretary of State

Entity Name: EAST MIMS CIVIC LEAGUE INC.

Current Principal Place of Business:

2609 HARRY T> MOORE AVE
MIMS, FL 32754

New Principal Place of Business:

Current Mailing Address:

2609 HARRY T. MOORE AVE
MIMS, FL 32754

New Mailing Address:

FEI Number: 56-2610322

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEIGLER, DWIGHT
2773 HICKORY AVE
MIMS, FL 32754 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SEIGLER, DWIGHT
Address: 2773 HICKORY AVE
City-St-Zip: MIMS, FL 32754

Title: VP () Delete
Name: IMPARATO, MICHAEL
Address: 2701 ORANGE AVE
City-St-Zip: MIMS, FL 32754

Title: S () Delete
Name: DENNIS, ADRIANNE
Address: 2720 HARRY T MOORE AVE
City-St-Zip: MIMS, FL 32754

Title: T () Delete
Name: ADDISON, WILLE
Address: 2609 HARRY T MOORE
City-St-Zip: MIMS, FL 32754

Title: FS () Delete
Name: BOATWRIGHT, ELOISE
Address: 2382 HARRY T MOORE AVE
City-St-Zip: MIMS, FL 32754

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIE ADDISON

T

02/19/2009

Electronic Signature of Signing Officer or Director

Date