

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004106

FILED  
Aug 20, 2008  
Secretary of State

Entity Name: BALM CIVIC ASSOCIATION, INC.

## Current Principal Place of Business:

14747 BALM-WIMAUMA  
WIMAUMA, FL 33598

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 283  
BALM, FL 33503

## New Mailing Address:

FEI Number: 14-1933152      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

## Name and Address of New Registered Agent:

O'STEEN, MARCELLA  
15133 CARLTON LK RD  
WIMAUMA, FL 33598      US

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: O'STEEN, MARCELLA  
Address: 15133 CARLTON LAKE RD  
City-St-Zip: WIMAUMA, FL 33598

Title: D      ( ) Delete  
Name: SWEAT, ELIZABETH  
Address: 14749 SWEAT LOOP  
City-St-Zip: WIMAUMA, FL 33598

Title: T      ( ) Delete  
Name: FERNANDEZ, BERYL  
Address: 13501 BURNETT RD  
City-St-Zip: WIMAUMA, FL 33598

Title: S      ( ) Delete  
Name: PIASECKI, GLENDA  
Address: 16130 COLDING LOOP  
City-St-Zip: WIMAUMA, FL 33598

Title: V      ( ) Delete  
Name: DEARDEN, PHYLLIS  
Address: 15125 CARLTON LAKE RD  
City-St-Zip: WIMAUMA, FL 33598

## 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: MARCELLA O'STEEN

P

08/20/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date