

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004106

FILED
Jun 15, 2009
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:

14747 BALM WIMAUMA RD
WIMAUMA, FL 33598

Current Mailing Address:

PO BOX 283
BALM, FL 33503

New Mailing Address:

PO BOX 212
BALM, FL 33503

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:

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

PRES

06/15/2009

Electronic Signature of Signing Officer or Director

Date