

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90028 014 ****61.25

DOCUMENT # N07737					
1. Entity Name JENSEN PARK CIVIC ASSOCIATION, INC.					
Principal Place of Business 7121 LOFTY DRIVE PORT RICHEY, FL 34668		Mailing Address 7214 LOFTY DRIVE PORT RICHEY, FL 34668			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 10-9269690	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KIRKIPATRICK, RICHARD 7214 LOFTY DR PORT RICHEY, FL 34668			Name KIRKIPATRICK Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KIRKIPATRICK, RICHARD		NAME		
STREET ADDRESS	7214 LOFTY DR		STREET ADDRESS		
CITY-ST-ZIP	PORT RICHEY, FL 34668		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WILSON, LLOYD		NAME	WHITAKER, MARGIE	
STREET ADDRESS	7116 COMMONS BLVD		STREET ADDRESS	7207 LOFTY DR	
CITY-ST-ZIP	PORT RICHEY, FL 34668		CITY-ST-ZIP	PORT RICHEY, FL 34668	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BROWN, HELEN		NAME	FASSBIND, SHARON	
STREET ADDRESS	7040 LOFTY DR.		STREET ADDRESS	7130 LOFTY DR	
CITY-ST-ZIP	PT RICHEY, FL 34668		CITY-ST-ZIP	PORT RICHEY, FL 34668	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	CARSON, CLARENCE		NAME	DSN HAYDON	
STREET ADDRESS	7200 LOFTY DR		STREET ADDRESS	7102 COMMONS BLVD	
CITY-ST-ZIP	PORT RICHEY, FL 34668		CITY-ST-ZIP	PORT RICHEY, FL 34668	
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	COLE, SHARON		NAME	BLANCHARD, THOMAS	
STREET ADDRESS	7200 LOFTY DR		STREET ADDRESS	7103 COMMONS BLVD	
CITY-ST-ZIP	PORT RICHEY, FL 34668		CITY-ST-ZIP	PORT RICHEY, FL 34668	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CRIMM, JACK		NAME		
STREET ADDRESS	7124 LOFTY DR		STREET ADDRESS		
CITY-ST-ZIP	PORT RICHEY, FL 34668		CITY-ST-ZIP		
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: <i>Richard L Kirkpatrick</i>			RICHARD L. KIRKPATRICK 1/26/08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone # 231-499 0076

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