

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000009516

FILED
Feb 04, 2009
Secretary of State

Entity Name: PALM COAST CIVIC ASSOCIATION, INC

Current Principal Place of Business:

6 WAYWELL PLACE
PALM COAST, FL 32164

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 350466
PALM COAST, F; 321350466

New Mailing Address:

P.O. BOX 350466
PALM COAST, FL 321350466

FEI Number: 59-1854459

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

STOCKTON, RALEIGH
6 WAYWELL PLACE
PALM COAST, FL 32164 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: STOCKTON, RALEIGH
Address: 6 WAYWELL PLACE
City-St-Zip: PALM COAST, FL 32164

Title: V () Delete
Name: HENDERSON, RAY
Address: 17 FARRADAY LANE
City-St-Zip: PALM COAST, FL 32137

Title: S () Delete
Name: BARRICK, ARLANE
Address: 100 BEACON MILL LN
City-St-Zip: PALM COAST, FL 32137

Title: T () Delete
Name: CARBINO, CHARLENE
Address: 55 BRUNING LANE
City-St-Zip: PALM COAST, FL 32137

Title: T () Delete
Name: DE COSTA, RON ASST.
Address: 55 BAYSIDE DR.
City-St-Zip: PALM COAST, FL 32137

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: STOCKTON, RALEIGH
Address: 6 WAYWELL PLACE
City-St-Zip: PALM COAST, FL 32164

Title: V (X) Change () Addition
Name: HENDERSON, RAY
Address: 17 FARRADAY LANE
City-St-Zip: PALM COAST, FL 32137

Title: S (X) Change () Addition
Name: BARRICK, ARLENE
Address: 100 BEACON MILL LN
City-St-Zip: PALM COAST, FL 32137

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: RALEIGH STOCKTON

P

02/04/2009

Electronic Signature of Signing Officer or Director

Date