FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 2:52
TALLAHASSEE, FLORIDA

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DOCUMENT # N11494 (4)

1. Corporation Name

NOVA CIVITAN CLUB-ST.PETERSBURG, FL, INC.

Principal Place of Business	Mailing Address
C/O CHRIS HALL 5152 49TH AVE NO ST PETERSBURG FL 33709 US	C/O CHRIS HALL 5152 29TH AVE NO ST PETERSBURG FL 33709 US

3. Date Incorporated or Qualified: 10/09/1985
3a. Date of Last Report: 02/01/1994
4. FEI Number: 59-2637335 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26 5152- 49th Ave. No.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 St. Petersburg ,FL
Zip 24 / Country 25	Zip 29 33709 / Country 30 Pinellas

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HALL, CHRISTINE
5152 49TH AVE NO
ST PETERSBURG FL 33709

10. Name and Address of New Registered Agent

81 Name: Galinowski, Karen F.
82 Street Address (P.O. Box Number is Not Acceptable): 224 NE Monroe Cir. N. #201
83 ~~BSSXTX~~ St. Petersburg, FL
84 City: St. PETERSBURG, FL 85 Zip Code: 33702-7543

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	PE - D	☐ Change ☒ Addition
NAME	THOMPSON,KEN	12 NAME	Galinowski, Karen F.	
STREET ADDRESS	3865 38TH WAY SOUTH	13 STREET ADDRESS	224 N.E. Monroe Cir.N. #201	
CITY-ST-ZIP	ST PETERSBURG FL	14 CITY-ST-ZIP	St.Petersburg, FL 33702-7543	
TITLE	AP	21 TITLE	D	☒ Change ☐ Addition
NAME	HALL, CHRISTINE	22 NAME		
STREET ADDRESS	5152 49TH AVE NO	23 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL	24 CITY-ST-ZIP		
TITLE	S	31 TITLE		☐ Change ☐ Addition
NAME	FISHER, MARY ANN	32 NAME		
STREET ADDRESS	C/O PARC 3100 75TH ST NO	33 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL	34 CITY-ST-ZIP		
TITLE	DT	41 TITLE		☐ Change ☐ Addition
NAME	BOND, NANCY	42 NAME		
STREET ADDRESS	1561 CARSON CIRCLE N.E.	43 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Nancy M. Bond 4/27/95 (813) 525-4647
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0094112