


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 19, 1999 8:00 am**  
**Secretary of State**

04-19-1999 90115 021 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N14313</b>					
1. Corporation Name <b>GREENWOOD CIVIC CLUB, INC.</b>					
Principal Place of Business S.R. 169 P.O. BOX 389 GREENWOOD FL 32443			Mailing Address S.R. 169 P.O. BOX 389 GREENWOOD FL 32443		



2. Principal Place of Business 21 <b>S.R. 169</b> Suite, Apt. #, etc. 22 <b>P.O. Box 389</b> City & State 23 <b>Greenwood, FL</b> Zip Country 24 <b>32443</b> 25 <b>Jackson</b>		2a. Mailing Address 26 <b>Greenwood Civic Club</b> Suite, Apt. #, etc. 27 <b>P.O. Box 389</b> City & State 28 <b>Greenwood FL</b> Zip Country 29 <b>32443</b> 30 <b>Jackson</b>		3. Date Incorporated or Qualified <b>04/10/1986</b> 4. FEI Number <b>59-2957344</b> Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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9. Name and Address of Current Registered Agent <b>BLIGHTON, LARRY L.</b> <b>4167 BRYAN ST</b> <b>P. O. BOX 271</b> <b>GREENWOOD FL 32443</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 <b>SAME</b> 84 City <b>FL</b> 85 Zip Code	
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	P.D. Blighton Larry	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BLIGHTON, LARRY		1.2 NAME	4167 Bryan St			
STREET ADDRESS	4167 BRYAN ST		1.3 STREET ADDRESS	Greenwood FL			
CITY-ST-ZIP	GREENWOOD FL		1.4 CITY-ST-ZIP	32443			
TITLE	T	<input type="checkbox"/> DELETE	2.1 TITLE	T-S D Blighton, Lillian	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SMITH, VELMA		2.2 NAME	5176 Fort Rd			
STREET ADDRESS	4297 N. BRYAN		2.3 STREET ADDRESS	Greenwood FL			
CITY-ST-ZIP	GREENWOOD FL		2.4 CITY-ST-ZIP	32443			
TITLE	D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	D Merita Stanley	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SKIPPER, JAMES		3.2 NAME	5476 Fort Rd			
STREET ADDRESS	P.O. BOX 27 N/A		3.3 STREET ADDRESS	Greenwood FL			
CITY-ST-ZIP	GREENWOOD FL		3.4 CITY-ST-ZIP	32443			
TITLE	D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	D Sandra Kay Tyus	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	RAINES, LARRY		4.2 NAME	P.O. Box 30			
STREET ADDRESS	4161 BILLINGSLEY LANE		4.3 STREET ADDRESS	Greenwood FL			
CITY-ST-ZIP	GREENWOOD FL		4.4 CITY-ST-ZIP	32443			
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	D Blighton Sarah	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BLIGHTON, SARAH		5.2 NAME	4167 Bryan St			
STREET ADDRESS	4167 BRYAN ST.		5.3 STREET ADDRESS	Greenwood FL			
CITY-ST-ZIP	GREENWOOD FL		5.4 CITY-ST-ZIP				
TITLE	SD	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	V.P. Roy C Blighton	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BLIGHTON, LILLIAN		6.2 NAME	5176 Fort Rd			
STREET ADDRESS	5176 FORT RD		6.3 STREET ADDRESS				
CITY-ST-ZIP	GREENWOOD FL		6.4 CITY-ST-ZIP	Greenwood FL 32443			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: Larry Blighton SIGNATURE REQUIRED: Larry Blighton 4/6/99-1-850-594-43  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 2724

CR2E037 (1/1/98)