

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N14313**

1. Entity Name  
**GREENWOOD CIVIC CLUB, INC.**



Principal Place of Business  
**S.R. 169  
GREENWOOD, FL 32443**

Mailing Address  
**PO BOX 389  
GREENWOOD, FL 32443**



04262004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2957344**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**BLIGHTON, LARRY L.  
4167 BRYAN ST  
P. O. BOX 271  
GREENWOOD, FL 32443**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BLIGHTON, LARRY 9167 FORT DR ST GREENWOOD, FL 32443
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD BLIGHTON, LILLIAN 2176 FORT RD GREENWOOD, FL 32943
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MERCER, SYLVIA BLUE SPRINGS RD GREENWOOD, FL 32443
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TYUS, SANDRA K PO BOX 30 GREENWOOD, FL 32443
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLIGHTON, SARAH 4167 BRYAN ST. GREENWOOD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BLIGHTON, ROY C 5176 FORT RD GREENWOOD, FL 32443

000000139341  
04/29/04-80118-003 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. 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 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Julian Blighton* 4/26/2004 (850) 594-1016  
Date Daytime Phone #