


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2007 08:00 A
Secretary of State

DOCUMENT # N14313 1. Entity Name GREENWOOD CIVIC CLUB, INC.	
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Principal Place of Business S.R. 169 GREENWOOD, FL 32443	Mailing Address PO BOX 389 GREENWOOD, FL 32443
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DO NOT WRITE IN THIS SPACE



05022007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2957344	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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

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05/25/07-80067-020 61.25

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IN THIS SPACE**

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: Lillian Blighton Lillian Blighton 5/3/2007 (850) 594-1016
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #