

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90306 036 ****61.25

0068459

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2957344**

Applied For

Not Applicable

Zip Country

Zip Country

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **BLIGHTON, LARRY**
STREET ADDRESS **9167 FORT DR ST**
CITY-ST-ZIP **GREENWOOD FL 32443**

TITLE **TSD** ☐ Delete
NAME **BLIGHTON, LILLIAN**
STREET ADDRESS **2176 FORT RD**
CITY-ST-ZIP **GREENWOOD FL 32943**

TITLE **D** ☐ Delete
NAME **MERCER, SYLVIA**
STREET ADDRESS **BLUE SPRINGS RD**
CITY-ST-ZIP **GREENWOOD FL 32443**

TITLE **D** ☐ Delete
NAME **TYUS, SANDRA K**
STREET ADDRESS **PO BOX 30**
CITY-ST-ZIP **GREENWOOD FL 32443**

TITLE **D** ☐ Delete
NAME **BLIGHTON, SARAH**
STREET ADDRESS **4167 BRYAN ST.**
CITY-ST-ZIP **GREENWOOD FL**

TITLE **VP** ☐ Delete
NAME **BLIGHTON, ROY C**
STREET ADDRESS **5176 FORT RD**
CITY-ST-ZIP **GREENWOOD FL 32443**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 of Lillian Blighton* **4/28/2003** **(850) 594-7016**

CR2E037 (10/02)