## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Feb 10, 2004 8:00 am **Secretary of State** DOCUMENT # N25592 1. Entity Name 02-10-2004 90023 023 \*\*\*\*61.25 CITRUS CIVITAN CLUB OF ORLANDO, INC. Principal Place of Business Mailing Address P.O BOX 2763 ORLANDO FL 32802-2763 111 N. ORANGE AVENUE, STE. 1010 ORLANDO FL 32801 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) City & State City & State Applied For 4. FEI Number 59-2887038 Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KEARLEY, JAMES W 111 N. ORANGE AVENUE, STE. 1010 ORLANDO FL 32801 City 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) 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 Make Check Payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due By May 1, 2004 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. VPD Addition TITLE ☐ Delete TITLE Change RADULSKI, JONNA NAME Helengilog NAME 111 N ORANGE AVENUE, SUITE 1010 STREET ADDRESS STREET ADDRESS 111 N. Orange Are, Ste 1010 ORLANDO FL 32801 CITY-ST-ZIP CITY-ST-ZIP Orlando, FL 32801 Delete TITLE ☐ Change Addition TITLE CLIFTON: M.J Bree M. Rendleton NAME NAME 1518 E. JEFFERSON ST. 111 N. drange Ave., Ste 1010 STREET ADDRESS STREET ADDRESS ORLANDO FL 32801 CITY-ST-ZIP CITY-ST-ZIP Orlands, FL 32801 TD Delete TITLE ☐ Change ☐ Addition TITLE KEARLEY, JAMES NAME NAME 111 N. ORANGE AVENUE, STE. 1010 STREET ADDRESS STREET ADDRESS ORLANDO FL 32801 CITY-ST-ZIP CITY-ST-ZIP SHEERY RYAN PD ☐ Delete Change TITLE ☐ Addition TITLE Ryan Steepe NAME NAME 201 S. ORANGE AVE., STE 101 200 East Yalk Street Apt. C STREET ADDRESS STREET ADDRESS ORLANDO FL 32801 CITY-ST-ZIP CITY-ST-ZIP Orlando F1 32804 TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

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