


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 15, 2006 8:00 am**  
**Secretary of State**

08-15-2006 90005 027 \*\*\*\*61.25

<b>DOCUMENT # N25592</b>	
1. Entity Name <b>CITRUS CIVITAN CLUB OF ORLANDO, INC.</b>	

Principal Place of Business <b>111 N. ORANGE AVENUE, STE. 1010 ORLANDO, FL 32801 US</b>	Mailing Address <b>P.O BOX 2763 ORLANDO, FL 32802-2763 US</b>
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2. Principal Place of Business <b>227 S. ORLANDO AVE.</b>	3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip <b>32789</b>
Suite, Apt. #, etc. <b>SUITE A-1</b>	Suite, Apt. #, etc.  City & State  Country <b>USA</b>
City & State <b>WINTER PARK, FL</b>	City & State  Country <b>USA</b>



08012006 Chg-NP CR2E037 (4/06)

4. FEI Number  
**59-2887038**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**RADULSKI, JONNA**  
**111 N. ORANGE AVENUE**  
**SUITE 1010**  
**ORLANDO, FL 32801**

7. Name and Address of New Registered Agent

Name **JOHN H. O'DONNELL**  
Street Address (P.O. Box Number is Not Acceptable)  
**227 S. ORLANDO AVE.**  
**SUITE A-1**  
City **WINTER PARK** FL Zip Code **32789**

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  DATE **8/1/2006**

(NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25</b> <b>Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	Make check payable to. <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RADULSKI, JONNA 111 N ORANGE AVENUE, SUITE 1010 ORLANDO, FL 32801 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NEDAVNI, MARY ANNE 111 N. ORANGE AVE., SUITE 1010 ORLANDO, FL 32801 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KROUPA, ANDY S 1000 LEGION PLACE ORLANDO, FL 32801 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOOFMAN, ROBERT S 109 E. CHURCH ST FIFTH FLOOR ORLANDO, FL 32801 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD John H. O'Donnell 227 S. ORLANDO AVE, SUITE A-1 WINTER PARK, FL 32789 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BEYAN HAZZOLD 280 W. CANTON AVE., SUITE 110 WINTER PARK, FL 32789 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KROUPA, ANDY S. 2938 DAYBREAK DR. ORLANDO, FL 32805 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROBERT S. HOOFMAN SAME SAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **JOHN H. O'DONNELL** **8/1/06** **407-740-5337**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #