

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 17 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N26328** (7)

1. Corporation Name

**THE LAKE BROOKLYN CIVIC ASSOCIATION, INC.**



Principal Place of Business	Mailing Address
6574 BROOKLYN BAY ROAD P O BOX 1957 KEYSTONE HEIGHTS FL 32656	6574 BROOKLYN BAY ROAD P O BOX 1957 KEYSTONE HEIGHTS FL 32656-1957

3. Date Incorporated or Qualified <b>05/09/1988</b>	3a. Date of Last Report <b>01/29/1996</b>
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 25	29 30

4. FEI Number <b>59-2857724</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
<b>BAUMGARDNER, JUDY</b> <b>4639 TANBARK ROAD</b> <b>JACKSONVILLE FL 32210</b>	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	<b>FL</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Judith K. Baumgardner*, Secretary: *Judith K. Baumgardner* 1/9/96  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	V <input type="checkbox"/> DELETE
NAME	<b>MOODY, C.E.</b>
STREET ADDRESS	<b>6574 BROOKLYN BAY RD</b>
CITY-ST-ZIP	<b>KEYSTONE HGTS. FL</b>
TITLE	P <input type="checkbox"/> DELETE
NAME	<b>BAUMGARDNER, P. F.</b>
STREET ADDRESS	<b>4639 TANBARK ROAD</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>
TITLE	S <input type="checkbox"/> DELETE
NAME	<b>BAUMGARDNER, JUDY</b>
STREET ADDRESS	<b>4639 TANBARK ROAD</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>
TITLE	D <input type="checkbox"/> DELETE
NAME	<b>DUNN, SAMUEL O</b>
STREET ADDRESS	<b>4851 HEADLEY ST</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>
TITLE	D <input type="checkbox"/> DELETE
NAME	<b>HICKEN, DORIS</b>
STREET ADDRESS	<b>4783 LANNIE RD.</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>
TITLE	D <input type="checkbox"/> DELETE
NAME	<b>OWENS, C W</b>
STREET ADDRESS	<b>6520 WOODLAND DR</b>
CITY-ST-ZIP	<b>KEYSTONE HGTS. FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplement annual 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 registered agent, authorized to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or 13 or 14 if changed or on an attachment with an address.

SIGNATURE: *PHILLIP F. BAUMGARDNER*, President 1/9/96 (904) 232-2076  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #0011757

CR2E037 (9/96)