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Jan 23 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N32591 (2)

1. Corporation Name:

ZEPHYRHILLS CIVITAN CLUB, INC.



Principal Place of Business

5606 17TH ST.
ZEPHYRHILLS FL 33540

Mailing Address

5606 17TH ST.
ZEPHYRHILLS FL 33540-4406

3. Date Incorporated or Qualified
05/31/1989

3a. Date of Last Report
02/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number
59-2897083

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LANG, ROBERT E.
5606 17TH STREET
ZEPHYRHILLS FL 33540

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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	P	<input checked="" type="checkbox"/> DELETE
NAME	MALEC, LUCINDA	
STREET ADDRESS	39620 MEADOWOOD LOOP	
CITY - ST - ZIP	ZEPHYRHILLS FL	
TITLE	PE	<input checked="" type="checkbox"/> DELETE
NAME	SESSLEA, BETTY	
STREET ADDRESS	5244 DIONTHUS STREET	
CITY - ST - ZIP	ZEPHYRHILLS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WUJOWICZ, JAN	
STREET ADDRESS	5636 19TH ST.	
CITY - ST - ZIP	ZEPHYRHILLS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WOODWARD, ERCEL	
STREET ADDRESS	5748 13TH ST.	
CITY - ST - ZIP	ZEPHYRHILLS FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	LANG, MARYLOU	
STREET ADDRESS	5606 17TH ST.	
CITY - ST - ZIP	ZEPHYRHILLS FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	STOTT, HILDA	
STREET ADDRESS	6245 PARKSEND LANE	
CITY - ST - ZIP	ZEPHYRHILLS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SESSLER, BETTY
1.3 STREET ADDRESS	5244 DIONTHUS ST
1.4 CITY - ST - ZIP	ZEPHYRHILLS FL
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	WUJOWICZ, JAN
2.3 STREET ADDRESS	5636 19TH ST
2.4 CITY - ST - ZIP	ZEPHYRHILLS FL
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	LAASEN, NORMA
3.3 STREET ADDRESS	1746 16TH ST
3.4 CITY - ST - ZIP	ZEPHYRHILLS FL
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	THULETT, ALICE
5.3 STREET ADDRESS	39532 Dundee Ave
5.4 CITY - ST - ZIP	ZEPHYRHILLS FL
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 supplemental 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 receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Alice Thulett

1/14/97

813-766344

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0045739

CR2E037 (9/96)