


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 05, 2005 8:00 am**  
**Secretary of State**

07-05-2005 90119 015 \*\*\*\*61.25

<b>DOCUMENT # N39965</b> 1. Entity Name <b>ALDERMAN PARK CIVIC ASSOCIATION, INC.</b>					
Principal Place of Business <b>C/O MORCELLA LOWE</b> <b>1405 CARLOTTA RD W</b> <b>JACKSONVILLE, FL 32211 US</b>			Mailing Address <b>ALDERMAN PARK CIVIC ASSN.</b> <b>P.O. BOX 8549</b> <b>JACKSONVILLE, FL 32239 US</b>		
2. Principal Place of Business <b>C/O WAVERLY FANT, TREAS</b> Suite, Apt. #, etc. <b>1261 ALDERMAN ROAD, E.</b> City & State <b>JACKSONVILLE, FL</b> Zip <b>32211</b>		3. Mailing Address Suite, Apt. #, etc. City & State Zip <b>DUVAL</b>		06292005 Chg-NP CR2E037 (10/03)	
4. FEI Number <b>59-3049313</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent <b>SMITH, HAROLD</b> <b>1320 BELLEMEADE BLVD</b> <b>JACKSONVILLE, FL 32211</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25</b> <b>Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE <b>VP</b> NAME <b>MUSCATO, JANET</b> STREET ADDRESS <b>1431 BELLEMEADE BLVD</b> CITY-ST-ZIP <b>JACKSONVILLE, FL 32211</b>	<input checked="" type="checkbox"/> Delete		TITLE <b>VP/D</b> NAME <b>BART CASSEL, BART</b> STREET ADDRESS <b>1109 ALDERMAN RD, E</b> CITY-ST-ZIP <b>JACKSONVILLE, FL</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>T</b> NAME <b>LOWE, MARCELLA</b> STREET ADDRESS <b>1405 CARLOTTA ROAD W</b> CITY-ST-ZIP <b>JACKSONVILLE, FL 32211</b>	<input checked="" type="checkbox"/> Delete		TITLE <b>T/D</b> NAME <b>WAVERLY FANT</b> STREET ADDRESS <b>1261 ALDERMAN ROAD, E</b> CITY-ST-ZIP <b>JACKSONVILLE, FL 32211</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE <b>P</b> NAME <b>SMITH, HAROLD</b> STREET ADDRESS <b>1330 BELLEMEADE BLVD</b> CITY-ST-ZIP <b>JACKSONVILLE, FL 32211</b>	<input checked="" type="checkbox"/> Delete		TITLE <b>P/D</b> NAME <b>MUSCATO, JANET</b> STREET ADDRESS <b>1431 BELLEMEADE BLVD</b> CITY-ST-ZIP <b>JACKSONVILLE, FL</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>D</b> NAME <b>BRIM, KAY</b> STREET ADDRESS <b>1232 BELLEMEADE DR.</b> CITY-ST-ZIP <b>JACKSONVILLE, FL 32211</b>	<input checked="" type="checkbox"/> Delete		TITLE <b>D</b> NAME <b>LOWE, MARCELLA</b> STREET ADDRESS <b>1405 CARLOTTA ROAD, W.</b> CITY-ST-ZIP <b>JACKSONVILLE, FL 32211</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE <b>D</b> NAME <b>WOOTER, SHIRLEY</b> STREET ADDRESS <b>7839 ALDEIMAN RD</b> CITY-ST-ZIP <b>JACKSONVILLE, FL</b>	<input checked="" type="checkbox"/> Delete		TITLE <b>D</b> NAME <b>DOROTHY FANT</b> STREET ADDRESS <b>1261 ALDERMAN ROAD, E</b> CITY-ST-ZIP <b>JACKSONVILLE, FL 32211</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE <b>S</b> NAME <b>EVANS, KATHLEEN</b> STREET ADDRESS <b>7809 GLEN ECHO N</b> CITY-ST-ZIP <b>JACKSONVILLE, FL</b>	<input type="checkbox"/> Delete		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 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: <u>Waverly Fant</u> <b>WAVERLY FANT, TREAS</b> <u>06-29-05</u> <u>904-721-3117</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					