


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 17, 2004 8:00 am
Secretary of State

09-17-2004 90004 046 ****61.25

DOCUMENT # N42795 1. Entity Name WITHLAPOPKA, CIVIC ASSOCIATION, INC.			
Principal Place of Business CITRUS COUNTY FLORAL CITY, FL		Mailing Address PO BOX 110 FLORAL CITY, FL 34436	
2. Principal Place of Business 10853 E. GOBBLER Suite, Apt. #, etc.		3. Mailing Address P.O. Box 110 Suite, Apt. #, etc.	
City & State FLORAL CITY, FL Zip 34436		City & State FLORAL CITY, FL Zip 34436	
Country CITRUS		Country CITRUS	
4. FEI Number 59-3063858		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 HARE, AMBROSE 10670 E LAUREL CT FLORAL CITY, FL 34436		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
\$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD IRONS, LOIS 11749 E HAWK LN FLORAL CITY, FL 34436	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LOVETT, ESTHER 11170 SALMON FLORAL CITY, FL 34436	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VARNEY, MARQUERITE 4955 S CATFISH TERRACE FLORAL CITY, FL 34436	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RUSHFORD, PEGGY 5707 WITHLAPOPKA FLORAL CITY, FL 34436	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TALFALSKI, BRENDA 5504 MARLIN FLORAL CITY, FL 34436	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D METTS, LUCY 5275 ALLIGATOR FLORAL CITY, FL 34436	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AMBROSE HARE 10670 E LAUREL COURT FLORAL CITY, FL 34436		
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 officers empowered.			
SIGNATURE: MARGARET R. RUSHFORD A/K/A PEGGY RUSHFORD <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
Date 09-14-04		Daytime Phone # 860-2789	

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