


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90119 028 ****61.25

DOCUMENT # N42795 1. Entity Name WITHLAPOPKA, CIVIC ASSOCIATION, INC.					
Principal Place of Business 10853 E. GOBBLER FLORAL CITY, FL 34436			Mailing Address PO BOX 110 FLORAL CITY, FL 34436		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3063858	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HARE, AMBROSE 10670 E LAUREL CT FLORAL CITY, FL 34436				Name Marcia Gallagher Street Address (P.O. Box Number is Not Acceptable) 10610 E. Gobbler Drive City Floral City FL Zip Code 34436	
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 <i>Marcia Gallagher</i> Signature, typed or printed name of registered agent and title if applicable		Marcia Gallagher (NOTE: Registered Agent signature required when reinstating)		3/15/05 DATE	
Filing Fee is \$61.25 Due by May 1, 2005		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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	IRONS, LOIS		NAME		
STREET ADDRESS	11749 E HAWK LN		STREET ADDRESS		
CITY-ST-ZIP	FLORAL CITY, FL 34436		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LOVETT, ESTHER		NAME		
STREET ADDRESS	11170 SALMON		STREET ADDRESS		
CITY-ST-ZIP	FLORAL CITY, FL 34436		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VARNEY, MARQUERITE		NAME	Chandler, Julie (Judy)	
STREET ADDRESS	4955 S CATFISH TERRACE		STREET ADDRESS	5615 South Perch Drive	
CITY-ST-ZIP	FLORAL CITY, FL 34436		CITY-ST-ZIP	Floral City, FL 34436	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RUSHFORD, PEGGY		NAME	Lucy Metts	
STREET ADDRESS	5707 WITHLAPOPKA		STREET ADDRESS	5275 Alligator	
CITY-ST-ZIP	FLORAL CITY, FL 34436		CITY-ST-ZIP	Floral City, FL 34436	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARE, AMBROSE		NAME	Ray Dunlap	
STREET ADDRESS	10670 E LAUREL COURT		STREET ADDRESS	6793 Whippoorwill Circle	
CITY-ST-ZIP	FLORAL CITY, FL 34436		CITY-ST-ZIP	Floral City, FL 34436	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	METTS, LUCY		NAME	Tom Gallagher	
STREET ADDRESS	5275 ALLIGATOR		STREET ADDRESS	10610 E. Gobbler Drive	
CITY-ST-ZIP	FLORAL CITY, FL 34436		CITY-ST-ZIP	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 like empowered.					
SIGNATURE: <i>Julie Chandler</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			SECRETARY JULIE CHANDLER 3-15-05 352-860-1650 Date Daytime Phone #		

