

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90206 012 \*\*\*\*70.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                         |                                                                                                                           |                                                                                                                                                                                                   |                                                                                    |                                                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>DOCUMENT # N43353</b><br>1. Entity Name<br><b>ST. GEORGE CIVIC ASSOCIATION, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                         |                                                                                                                           |                                                                                                                                                                                                   |   |                                                                              |
| Principal Place of Business<br><b>3501 NW 8TH ST.<br/>FORT LAUDERDALE, FL 33311 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                         |                                                                                                                           | Mailing Address<br><b>3751 N.W. 8 PLACE<br/>FORT LAUDERDALE, FL 33311</b>                                                                                                                         |                                                                                    |                                                                              |
| 2. Principal Place of Business<br>Suite / Apt. #, etc.<br>City & State<br>Zip      Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                         | 3. Mailing Address<br><b>951 NW 33 WAY</b><br>Suite, Apt. #, etc.<br><b>FL LAUDER</b><br>City & State<br>Zip      Country |                                                                                                                                                                                                   |  |                                                                              |
| 4. FEI Number<br><b>NOT APPLICABLE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                         |                                                                                                                           |                                                                                                                                                                                                   | Applied For<br><input type="checkbox"/> Not Applicable                             |                                                                              |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                         |                                                                                                                           |                                                                                                                                                                                                   | 01272004    Chg-NP    CR2E037 (10/03)                                              |                                                                              |
| 6. Name and Address of Current Registered Agent<br><b>WRIGHT, CLARENCE<br/>3751 N.W. 8 PLACE<br/>FT. LAUDERDALE, FL 33311</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                         |                                                                                                                           | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><b>951 NW 33 WAY</b><br>City <b>Fort. Lauderdale</b> <b>FL</b> Zip Code <b>33311</b> |                                                                                    |                                                                              |
| 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>Mae Smith</i><br><small>Signature, typed or printed name of registered agent and title if applicable.</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                         |                                                                                                                           | DATE <b>4/13/04</b><br><small>(NOTE: Registered Agent signature required when reinstating)</small>                                                                                                |                                                                                    |                                                                              |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2004</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                         | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/>                                       |                                                                                                                                                                                                   | <b>\$5.00 May Be<br/>Added to Fees</b>                                             |                                                                              |
| <b>Make check payable to<br/>Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                         |                                                                                                                           |                                                                                                                                                                                                   |                                                                                    |                                                                              |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                         |                                                                                                                           | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                                                                                                                                      |                                                                                    |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | PD<br>WRIGHT, CLARENCE<br>3751 N.W. 8 PLACE<br>FT. LAUDERDALE, FL 33311 | <input checked="" type="checkbox"/> Delete                                                                                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                    | President<br>WARENCE MAE Smith<br>PO BOX 621821<br>Ft. Lauderdale, FL 33312        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | VD<br>SMITH, LAWRENCE<br>951 NW 33 WAY<br>FT LAUDERDALE, FL 33311       | <input checked="" type="checkbox"/> Delete                                                                                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                    | Vice President<br>Henry D. Sopp<br>960 NW 35 Avenue<br>Ft. Lauderdale, FL 33311    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | TD<br>LEWIS, OZELL<br>3731 NW 8TH PL<br>FT. LAUDERDALE, FL              | <input checked="" type="checkbox"/> Delete                                                                                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                    | JANA B. Davis<br>3870 NW 7 Ct. Trussard<br>Ft. Laud. FL 33311                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | D<br>GREEN, CORA<br>870 NW 35 TERR<br>FORT LAUDERDALE, FL 33311         | <input type="checkbox"/> Delete                                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                    | Cora W Green<br>870 N.W. 35th Terr<br>Ft. Land. FL 33311                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | SD<br>DIXON, CASTELLA B<br>750 NW 38 AVE<br>FORT LAUDERDALE, FL 33311   | <input checked="" type="checkbox"/> Delete                                                                                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                    | Sectry<br>LUCY LAMAR<br>3731 NW 9 St.<br>Ft. Land. FL 33311                        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | D<br>WOODS, TOMMY<br>3621 NW 7 ST<br>FORT LAUDERDALE, FL 33311          | <input checked="" type="checkbox"/> Delete                                                                                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                    | Financial Sect.<br>Mary A. Allen<br>921 NW 35 AVE.<br>Ft. Lauderdale, FL 33311     | <input type="checkbox"/> Change <input checked="" 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: <i>Mae Smith</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                         |                                                                                                                           | DATE <b>4/13/04</b> (854) 805-6693<br><small>Daytime Phone #</small>                                                                                                                              |                                                                                    |                                                                              |