


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90058 016 ****61.25

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| DOCUMENT # N43353 1. Entity Name ST. GEORGE CIVIC ASSOCIATION, INC. |  |
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| Principal Place of Business 3501 NW 8TH ST. FORT LAUDERDALE, FL 33311 US | Mailing Address P.O. BOX 121821 FORT LAUDERDALE, FL 33312 |
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02092008 No Chg-NP CR2E037 (4/06)

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| 4. FEI Number 65-0388409 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

SMITH, WARENCE M
951 NW 33 WAY
FORT LAUDERDALE, FL 33311

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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 _____

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| Filing Fee is \$61.25 Due by May 1, 2008 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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10. OFFICERS AND DIRECTORS

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P SMITH, WARENCE M PO BOX 121821 FORT LAUDERDALE, FL 33312 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP SAPP, HENRY D 960 NW 35 AVE. FT LAUDERDALE, FL 33311 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD DAVIS, JANA 3870 NW 7 CT. FORT LAUDERDALE, FL 33311 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GREEN, CORA 870 NW 35 TERR FORT LAUDERDALE, FL 33311 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | C HOLLOWAY, OLIVIA 3331 NW 7TH STREET FORT LAUDERDALE, FL 33311 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | FS BROWN, MAEIDA 3711 NW 9TH STREET FORT LAUDERDALE, FL 33311 |

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Warence Smith 2/11/08 (850) 325-6660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #