

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46863

FILED
Mar 21, 2009
Secretary of State

Entity Name: INDIANTOWN CIVIC CLUB, INC.

Current Principal Place of Business:

15675 SW OSCEOLA STREET
INDIANTOWN, FL 34956 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 420
INDIANTOWN, FL 349560420 US

New Mailing Address:

FEI Number: 65-0329103

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DENINGER, CATHERINE PRES
16272 SW INDIANWOOD CIRCLE
INDIANTOWN, FL 34956 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DENINGER, CATHERINE PRES
Address: 16272 SW INDIANWOOD CIRCLE
City-St-Zip: INDIANTOWN, FL 34956

Title: D () Delete
Name: GREEN, MYRTLE TREAS
Address: 16208 SW INDIANWOOD CIRCLE
City-St-Zip: INDIANTOWN, FL 34956

Title: D () Delete
Name: MILLER, RAY
Address: 16132 SW FIVE WOOD WAY
City-St-Zip: INDIANTOWN, FL 34956

Title: D () Delete
Name: LANE, HAROLD
Address: P O BOX 477 N/A
City-St-Zip: INDIANTOWN, FL 34956

Title: D () Delete
Name: ELWELL, PAULINE SEC
Address: 14632 DIVOT DR
City-St-Zip: INDIANTOWN, FL 34956

Title: D () Delete
Name: SUMMERS, WILLIAM C DIRECTO
Address: 3748 SW WOODBRIAR LANE
City-St-Zip: PALM CITY, FL 34990

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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City-St-Zip:

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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MYRTLE GREEN

TRES

03/21/2009

Electronic Signature of Signing Officer or Director

Date