

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49734

FILED
Apr 05, 2009
Secretary of State

Entity Name: DOCTORS LAKE ESTATES CIVIC CLUB, INC.

Current Principal Place of Business:

4055 CEDAR RD
ORANGE PARK, FL 32065 US

New Principal Place of Business:

Current Mailing Address:

4103 CEDAR ROAD
ORANGE PARK, FL 32065 US

New Mailing Address:

FEI Number: 59-3138744

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORNELIUS, CAREY
4103 CEDAR ROAD
ORANGE PARK, FL 32065 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: VP () Delete
Name: COBB, MARY
Address: 2935 HOLLY ROAD
City-St-Zip: ORANGE PARK, FL 32065

Title: T () Delete
Name: CORNELIUS, CAREY
Address: 4103 CEDAR ROAD
City-St-Zip: ORANGE PARK, FL 32065

Title: P () Delete
Name: CRYSTAL, TODOR
Address: 2927 MAGNOLIA ROAD SOUTH
City-St-Zip: ORANGE PARK, FL 32065

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:

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: CAREY M CORNELIUS

T

04/05/2009

Electronic Signature of Signing Officer or Director

Date