FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 11:06

DOCUMENT # N93000004462 (8)

1. Corporation Name
THE ST. AUGUSTINE CIVITIAN CLUB, INC.

Principal Place of Business	Mailing Address
APPLEBY'S RESTAURANT S.R. 312 ST. AUGUSTINE FL 32086	P.O. BOX 3432 ST AUGUSTINE FL 32086

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/27/1993
3a. Date of Last Report: 07/06/1994
4. FEI Number: 59-2276484 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** *Supplemental* Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

BETTS, ROBERT R
500 OLD BEACH ROAD
ST. AUGUSTINE FL 32084

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE		☐ Change ☐ Addition
NAME	VIKES, JOYCE	1.2 NAME		
STREET ADDRESS	121 OCEAN BLVD	1.3 STREET ADDRESS		
CITY-ST-ZIP	ST. AUGUSTINE FL	1.4 CITY-ST-ZIP		
TITLE	DP	2.1 TITLE	D/PRES-ELECT	XX Change ☐ Addition
NAME	MCGINNIS, SYLVIA	2.2 NAME	MCGILLIN, JEANNE M.	
STREET ADDRESS	69 ABBOTT ST	2.3 STREET ADDRESS	1510 SAN RAFAEL WAY	
CITY-ST-ZIP	ST. AUGUSTINE FL	2.4 CITY-ST-ZIP	ST. AUGUSTINE, FL	
TITLE	DST	3.1 TITLE		☐ Change ☐ Addition
NAME	MARONEL, DOT	3.2 NAME		
STREET ADDRESS	212 CABEZA ST	3.3 STREET ADDRESS		
CITY-ST-ZIP	ST. AUGUSTINE FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	BETTS, ROBERT R	4.2 NAME		
STREET ADDRESS	904 ALICANTE ROAD	4.3 STREET ADDRESS		
CITY-ST-ZIP	ST AUGUSTINE FL	4.4 CITY-ST-ZIP		
TITLE	DP	5.1 TITLE		☐ Change ☐ Addition
NAME	BETTS, TONI	5.2 NAME		
STREET ADDRESS	904 ALICANTE RD	5.3 STREET ADDRESS		
CITY-ST-ZIP	ST. AUGUSTINE FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE	D	XX Change ☐ Addition
NAME	BOLLES, STEVE	6.2 NAME	RAULERSON, KAREN	
STREET ADDRESS	988 PONTE VEDRA BLVD	6.3 STREET ADDRESS	3354 RAULERSON RD.	
CITY-ST-ZIP	PONTE VEDRA BEACH FL	6.4 CITY-ST-ZIP	ST. AUGUSTINE, FL	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Antonia M. Betts ANTONIA M. BETTS
SIGNATURE AND TYPED OR PRINTED NAME OF BIDDING OFFICER OR DIRECTOR

2/14/95 Date

904/997-1245 Daytime Phone #

000282