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FILED

Feb 10 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**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 32085-3432**

3. Date Incorporated or Qualified

09/27/1993

3a. Date of Last Report

04/03/1996

2. Principal Place of Business

2a. Mailing Address

21**212 CABEZA ST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

City & State

23

City & State

ST. AUGUSTINE, FL**24**

Zip

Country

Zip

Country

32084**ST. JOHNS**

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**8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

904 ALICANTE ROAD

83

84 City

ST. AUGUSTINE,**FL**

85 Zip Code

32086

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Robert R. Betts**+ February 1997**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	VIKES, JOYCE	
STREET ADDRESS	121 OCEAN BLVD	
CITY-ST-ZIP	ST. AUGUSTINE FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	DPE	<input type="checkbox"/> DELETE
NAME	MCGILLIN, JEANNE M	
STREET ADDRESS	1510 SAN RAFAEL WAY	
CITY-ST-ZIP	ST. AUGUSTINE FL	

2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

TITLE	DST	<input type="checkbox"/> DELETE
NAME	MARONEL, DOT	
STREET ADDRESS	212 CABEZA ST	
CITY-ST-ZIP	ST. AUGUSTINE FL	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	BETTS, ROBERT R	
STREET ADDRESS	904 ALICANTE ROAD	
CITY-ST-ZIP	ST AUGUSTINE FL	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

TITLE	DP	<input type="checkbox"/> DELETE
NAME	BETTS, TONI	
STREET ADDRESS	904 ALICANTE RD	
CITY-ST-ZIP	ST. AUGUSTINE FL	

5.1 TITLE	DPE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RAULERSON, KAREN	
STREET ADDRESS	3354 RAULERSON RD.	
CITY-ST-ZIP	PONTE VEDRA BEACH FL	

6.1 TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Addrenne Quinn	
6.3 STREET ADDRESS	1097 Winterhawk Dr.	
6.4 CITY-ST-ZIP	St. Augustine, FL	

14. I do 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 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: *Robert R. Betts* **Robert R. Betts**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **0001426**

CR2E037 (9/96)