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Feb 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000004462 (8)**

1. Corporation Name

THE ST. AUGUSTINE CIVITIAN CLUB, INC.

Principal Place of Business

APPLEBY'S RESTAURANT
S.R. 312
ST. AUGUSTINE FL 32086

Mailing Address

212 CABEZA ST
ST AUGUSTINE FL 32084
US

3. Date Incorporated or Qualified

09/27/1993

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 APPLEBEE'S RESTAURANT

2a. Mailing Address

26 Suite, Apt. #, etc.

22 S.R. 312

27 Suite, Apt. #, etc.

City & State

23 ST AUGUSTINE, FL

City & State

28

Zip

24 32086

Country

Zip

29

Country

30

9. Name and Address of Current Registered Agent

BETTS, ROBERT R
904 ALCANTE RD
ST. AUGUSTINE FL 32086

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
D VIKES, JOYCE
STREET ADDRESS
121 OCEAN BLVD
CITY-ST-ZIP
ST. AUGUSTINE FL

TITLE ☐ DELETE

NAME
D MCGILLIN, JEANNE M
STREET ADDRESS
1510 SAN RAFAEL WAY
CITY-ST-ZIP
ST. AUGUSTINE FL

TITLE ☐ DELETE

NAME
DST MARONEL, DOT
STREET ADDRESS
212 CABEZA ST
CITY-ST-ZIP
ST. AUGUSTINE FL

TITLE ☐ DELETE

NAME
D BETTS, ROBERT R
STREET ADDRESS
904 ALCANTE ROAD
CITY-ST-ZIP
ST AUGUSTINE FL

TITLE ☐ DELETE

NAME
DPE BETTS, TONI
STREET ADDRESS
904 ALCANTE RD
CITY-ST-ZIP
ST. AUGUSTINE FL

TITLE ☐ DELETE

NAME
DP QUINN, ADDRENNE
STREET ADDRESS
1097 WINTERHAWK DR
CITY-ST-ZIP
ST AUGUSTINE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME
DPE BETTS, ROBERT R.
4.3 STREET ADDRESS
904 ALCANTE ROAD
4.4 CITY-ST-ZIP
ST AUGUSTINE, FL

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME
DP BETTS, TONI
5.3 STREET ADDRESS
904 ALCANTE RD
5.4 CITY-ST-ZIP
ST AUGUSTINE, FL

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME
D QUINN, ADDRENNE
6.3 STREET ADDRESS
1097 WINTERHAWK DR
6.4 CITY-ST-ZIP
ST AUGUSTINE, FL

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Antonio M. Bell* **SIGNATURE REQUIRED**

1/2/98 *904/791-7962*

CR2E037 (10/97)