

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 26, 1999 8:00 am**  
**Secretary of State**

03-26-1999 90033 046 \*\*\*\*61.25

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**DOCUMENT # N93000004462**

1. Corporation Name

**THE ST. AUGUSTINE CIVITIAN CLUB, INC.**

Principal Place of Business

APPLEBEE'S RESTAURANT  
SR 312  
ST. AUGUSTINE FL 32086  
US

Mailing Address

212 CABEZA ST  
ST AUGUSTINE FL 32084  
US



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

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 ☐

**\$5.00** May Be  
Added to Fees

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

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

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

1.1 TITLE **DP** ☐ Change ☒ Addition  
1.2 NAME **CAPP, PAULETTE**  
1.3 STREET ADDRESS **15 FOUNTAIN OF YOUTH BLVD.**  
1.4 CITY-ST-ZIP **ST. AUGUSTINE, FL 32084**

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

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE **DPE** ☐ DELETE  
NAME **BETTS, ROBERT R**  
STREET ADDRESS **904 ALCANTE ROAD**  
CITY-ST-ZIP **ST AUGUSTINE FL**

4.1 TITLE **DP** ☒ Change ☐ Addition  
4.2 NAME **BETTS, ROBERT R.**  
4.3 STREET ADDRESS **904 ALCANTE RD.**  
4.4 CITY-ST-ZIP **ST. AUGUSTINE, FL 32086**

TITLE **DP** ☐ DELETE  
NAME **BETTS, TONI**  
STREET ADDRESS **904 ALCANTE RD**  
CITY-ST-ZIP **ST. AUGUSTINE FL**

5.1 TITLE **D** ☒ Change ☐ Addition  
5.2 NAME **BETTS, TONI**  
5.3 STREET ADDRESS **904 ALCANTE RD.**  
5.4 CITY-ST-ZIP **ST. AUGUSTINE, FL.32086**

TITLE **D** ☒ DELETE  
NAME **QUINN, ADDRENNE**  
STREET ADDRESS **1097 WINTERHAWK DR**  
CITY-ST-ZIP **ST AUGUSTINE FL**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/99

Date

904/987-8735

Daytime Phone #

CR2E037 (11/98)