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

APPROVED AND FILED

95 APR 21 PM 4:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000005287 (7)**

1. Corporation Name

THE CIVITAN CLUB OF FORT LAUDERDALE, INC.

Principal Place of Business	Mailing Address
408 S ANDREWS AVE SUITE 202 FT LAUDERDALE FL 33301	408 S ANDREWS AVE SUITE 202 FT LAUDERDALE FL 33301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/24/1994**
3a. Date of Last Report:
4. FEI Number: ☐ 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 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

DAVID, JOHN T
408 S ANDREWS AVE SUITE 202
FT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D (President)	11 TITLE	☐ Change ☐ Addition
NAME	LISOTTO, DOUGLAS	12 NAME	
STREET ADDRESS	2757 S OAKLAND FOREST DR	13 STREET ADDRESS	
CITY ST ZIP	OAKLAND PARK FL 33309	14 CITY ST ZIP	
TITLE	D (Secy)	21 TITLE	☐ Change ☐ Addition
NAME	FORMAN, MARTI	22 NAME	
STREET ADDRESS	2757 S OAKLAND FOREST DR	23 STREET ADDRESS	
CITY ST ZIP	OAKLAND PARK FL 33309	24 CITY ST ZIP	
TITLE	D (chair fund raising)	31 TITLE	☐ Change ☐ Addition
NAME	THIXTON, BILL	32 NAME	
STREET ADDRESS	2168 IMPERIAL POINT DRIVE	33 STREET ADDRESS	
CITY ST ZIP	FT LAUDERDALE FL 33308	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME	Allen Lindow (Treasurer)	42 NAME	
STREET ADDRESS	213 Rose Drive	43 STREET ADDRESS	
CITY ST ZIP	Ft. Lauderdale, FL 33316	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME	Jim Jeffery Vpres.	52 NAME	
STREET ADDRESS	371 S.E. 3rd Street	53 STREET ADDRESS	
CITY ST ZIP	Pompano Beach, FL 33060	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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: _____ MARTI FORMAN 4/11/95 305 484 8536
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

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