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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

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1996

SIGNATURE:

DOCUMENT # N9400006046 (6)

## UPTOWN CIVITAN CHARITABLE FOUNDATION, INC.

		Mailing Address					
Principal Place o	of Business	Mailing Address					
4417 BEACH BLVD. 306 JACKSONVILLE FL 32207-4732		4417 BEACH BLVD. 306 JACKSONVILLE FL 32207-4732					
		UNONO OTTELL TE	VACIOUTIELE VE VEED. 1110		3. Date incorporated or Qualified 12/09/1994	3a. Date of Last R 05/01/19	
2. Principal Plac	ce of Business	2a. Mailing Address			4. FEI Number	<b>}</b>	oplied For
]		26	26		59-3296095   Not Applica   \$8.75 Additions		
Suite, Apt. #	, etc.	Suite, Apt. #, etc.			<ol><li>Certificate of Status Desired</li></ol>		Additional equired
		Orty & State			Election Campaign Financing	\$5.00	May Be
City & State		28]			Trust Fund Contribution		to Fees
Zip	Country	Zip	Cou	ntry	8. This corporation has liability for	intangible tax under s. 1	199.032,
]	25	29	30			☐ Yes No	
	9. Name and Address of Curr	rent Registered Agent		<del></del>	10. Name and Address of New F	Registered Agent	
			1	81 Name			
SMITH H	IULSEY & BUSEY, P.A.			82 Street Add	fress (P.O. Box Number is Not Acceptat	ble)	
1800 FIR	IST UNION NATIONAL BANK	TOWER					
225 WATER ST				83			********
JACKSO	NVILLE FL 32202			84 City		FL 85 Zip	Code
		10/7/500 51-11-04	L L - N - sho	- comed corps	pration submits this statement for the pu	repose of changing its re	egistered off
	ed agent, or both, in the State of Fi th, and accept the obligations of, S			orporation's bo	oration submits this state herit for the po ard of directors. I hereby accept the app	pointinent as registered	agent. rum
igarinical vvic	and according to the stange of the		idles.				
SIGNATURE				Agent signature requi	red when reinstuning)	DATE	
SIGNATURE _	Signature, typed or printed name of registered a	agent and site if applicable  AND DIRECTORS	INOTE: Registered	Agent signature requir	red when reinstangs ADDITIONS/CHANGES TO OF	FICERS AND DIRECTO	
SIGNATURE _	Signature, typed or printed name of registered a	agent and title if applicable	INOTE: Registered		red when reinstanny: ADDITIONS/CHANGES TO OF		
SIGNATURE _	Signature, typed or printed name of registered a OFFICERS	agent and site if applicable  AND DIRECTORS	(NOTh: Registered 13. 1 1 Ti 1.2 N	TLE AME	red when reinstanny: ADDITIONS/CHANGES TO OF	FICERS AND DIRECTO	
SIGNATURE	Signature, typed or printed natural of registrated a OFFICERS	agent and site if applicable  AND DIRECTORS	(NOTh: Registered 13. 1 1 Ti 1.2 N	TLF	red when reinstanny: ADDITIONS/CHANGES TO OF	FICERS AND DIRECTO	
SIGNATURE	Signature: trised or printed carrier of registrated a OFFICERS P TANNER, DORCAS	AND DIRECTORS  DELETE	113. 1111 12N 13S 140	ILE AME REET ADDRESS TY+ST-ZIP	red when reinstanny ADDITIONS/CHANGES TO OF	FICERS AND DIRECTO	☐ Add∗tion
SIGNATURE	OFFICERS P TANNER, DORCAS 3311 BEACH BLVD. JACKSONMILLE FL 32207- SD	ngent and stord applicable.  AND DIRECTORS  DELETE	13. 11.11 1.2 N 1.3 S 1.4 C 2.1 T	TILE  AME  FREET ADDRESS  TY - ST - ZIP  TLE	red when reinstanny? ADDITIONS/CHANGES TO OF	FICERS AND DIRECTO	☐ Addition
SIGNATURE	OFFICERS P TANNER, DORCAS 3311 BEACH BLVD. JACKSONMILLE FL 32207- SD BRASWELL, TWINDA	AND DIRECTORS  DELETE	13. 11.11 12.N 1.3.S 1.4.C 2.1.T 2.2.N	TLE  AME  FREET ADDRESS  IY - ST - ZIP  TLE  AME	red when reinstanny: ADDITIONS/CHANGES TO OF	FICERS AND DIRECTO	☐ Addition
SIGNATURE	P TANNER, DORCAS 3311 BEACH BLVD. JACKSONVILLE FL 32207- SD BRASWELL, TWINDA 100 FESTIVAL PARK AVE	AND DIRECTORS  DELETE  -1462	13. 11. 11. 12.N 1.3.S 14.C 21.T 22.N 23.S	ILE AME (REET ADDRESS IY-SI-ZIP ILE AME IREET ADDRESS	red when rainstanny: ADDITIONS/CHANGES TO OF	FICERS AND DIRECTO	☐ Add∗tion
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	OFFICERS  P TANNER, DORCAS 3311 BEACH BLVD. JACKSONVILLE FL 32207- SD BRASWELL, TWINDA 100 FESTIVAL PARK AVE JACKSONVILLE FL 32202-	AND DIRECTORS  DELETE  -1462  DELETE	13. 11.11 12.N 1.3.S 14.C 21.T 22.N 23.S 2.4.1	TLE  AME  FREET ADDRESS  IY - SI - ZIP  TLE  AME  TREET ADDRESS  ITY - ST - ZIP	red when reinstanny: ADDITIONS/CHANGES TO OF	FICERS AND DIRECTO	Addition
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CNATURE AND TYPED OR PRINTED NIME OF SIGNING OFFICER OR DIRECTOR