

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90328 006 ****70.00

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1. Entity Name
**SUNSET CIVITAN CLUB OF THE DAYTONA BEACH
AREA, INC.**



Principal Place of Business
1038 REED CANAL RD
SOUTH DAYTONA, FL 32119

Mailing Address
POB214343
SOUTH DAYTONA BEACH, FL 32121

40063000



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03122007 Chg-NP CR2E037 (12/06)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PHELAN, RUTH A
34 WOODLAKE DR
SUITE D-11
PORT ORANGE, FL 32119**

Name **RUTH A. PHELAN**

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

34 WOODLAKE DR

City **PORT ORANGE**

FL

Zip Code **32129**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Ruth A. Phelan*

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

(NOTE: Registered Agent signature required when reinstating)

April 8, 2007

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME **D LEPOL, SUELLEN** ☒ Delete
STREET ADDRESS **790 MAGNOLIA AVE**
CITY-ST-ZIP **HOLLY HILL, FL 32117**

TITLE
NAME **D SOTIR, GUS** ☐ Change ☒ Addition
STREET ADDRESS **PO BOX 9658**
CITY-ST-ZIP **DAYTONA BEACH, FL 32120**

TITLE
NAME **D BAUM, KAREN** ☒ Delete
STREET ADDRESS **1719 LOUISIANA ROAD**
CITY-ST-ZIP **DAYTONA BEACH, FL 32119**

TITLE
NAME **D ENCK, CARRIE** ☐ Change ☒ Addition
STREET ADDRESS **1429 SUNLAND ROAD**
CITY-ST-ZIP **DAYTONA BEACH, FL 32114**

TITLE
NAME **D CARD, HAROLD P** ☐ Delete
STREET ADDRESS **3019 WILLOW OAK DRIVE**
CITY-ST-ZIP **EDGEWATER, FL 32141**

TITLE
NAME **D PHELAN, RUTH** ☐ Change ☒ Addition
STREET ADDRESS **34 WOODLAKE DR**
CITY-ST-ZIP **PORT ORANGE, FL 32129**

TITLE
NAME **O GOWEN, EARL** ☐ Delete
STREET ADDRESS **5760 WOODCLIFF ROAD**
CITY-ST-ZIP **PORT ORANGE, FL 32127**

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ruth A. Phelan*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 8, 2007 *386 7676707*
Date Daytime Phone #