

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2008 8:00 am
Secretary of State

03-07-2008 90039 049 ****70.00

DOCUMENT # N96000002997					
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		
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	01172008 Chg-NP CR2E037 (12/06)	
4. FEI Number NOT APPLICABLE				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired				<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PHELAN, RUTH A 34 WOODLAKE DR. PORT ORANGE, FL 32129			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State		10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SOTIR, GUS PO BOX 9658 DAYTONA BEACH, FL 32120		<input checked="" type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ENCK, CARRIE 1429 SUNLAND RD DAYTONA BEACH, FL 32114		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CARD, HAROLD P 3019 WILLOW OAK DRIVE EDGEWATER, FL 32141		<input checked="" type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	O GOWEN, EARL 5760 WOODCLIFF ROAD PORT ORANGE, FL 32127		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PHELAN, RUTH 34 WOODLAKE DR PORT ORANGE, FL 32129		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	O GOWEN, EARL 5760 WOODCLIFF ROAD PORT ORANGE, FL 32127		<input type="checkbox"/> Delete		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			O JOHN McKEEHAN 826 PINEAPPLE RD SOUTH DAYTONA, FL 32119		
O PAUL WITTER 5637 SWAN LAKE DR PORT ORANGE, FL 32128			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
O PAUL WITTER 5637 SWAN LAKE DR PORT ORANGE, FL 32128			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
O PAUL WITTER 5637 SWAN LAKE DR PORT ORANGE, FL 32128			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
O PAUL WITTER 5637 SWAN LAKE DR PORT ORANGE, FL 32128			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
O PAUL WITTER 5637 SWAN LAKE DR PORT ORANGE, FL 32128			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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:				March 1, 2008	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone # 386-760-6889	