

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004387

FILED  
Jan 22, 2009  
Secretary of State

Entity Name: FORT MCCOY CIVIC ASSOCIATION, INC.

## Current Principal Place of Business:

14660 NE HWY. 315  
FT. MCCOY, FL 32134

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 294  
FT. MCCOY, FL 32134

## New Mailing Address:

FEI Number: 59-3415024      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

THOMAS, VANESSA  
723 E FT KING STREET  
OCALA, FL 34471 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

## OFFICERS AND DIRECTORS:

Title: DS ( ) Delete  
Name: LAXTON, CAROL F  
Address: 18100 NE 160 AVE. RD.  
City-St-Zip: FT. MCCOY, FL 32134

Title: D ( ) Delete  
Name: KUNZ, AL  
Address: 10850 NE HWY 315  
City-St-Zip: FT MCCOY, FL 32134

Title: TD ( ) Delete  
Name: THOMAS, HOYALENE P  
Address: 11780 NE 142ND PLACE  
City-St-Zip: FT MCCOY, FL 32134

Title: VD ( ) Delete  
Name: THOMAS, VANESSA  
Address: 723 E FT KING STREET  
City-St-Zip: OCALA, FL 34471

Title: D ( ) Delete  
Name: HARPER, EVELYN M  
Address: 14620 NE 113 TERR  
City-St-Zip: FT. MCCOY, FL 32134

Title: PD ( ) Delete  
Name: GRUBBS, JOHN  
Address: 13660 NE 209TH TERR RD  
City-St-Zip: SALT SPRINGS, FL 32134

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HOYALENE P. THOMAS

TD

01/22/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date