2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2010
Secretary of State

DOCUMENT# N96000004387

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

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: HOYALENE P. THOMAS DT 01/22/2010

Electronic Signature of Signing Officer or Director Date