FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P38025 (3)

1. Corporation Name
ALABAMA-WEST FLORIDA CIVITAN DISTRICT, INC.

Principal Place of Business	Mailing Address
2604 FAIRMONT ROAD MONTGOMERY FL 36111-2809 US	2604 FAIRMONT RD MONTGOMERY AL 36111-2809 US

3. Date Incorporated or Qualified: 03/24/1992
3a. Date of Last Report: 01/23/1995

2. Principal Place of Business
21 ~~2?28 S.~~ ·
Suite, Apt. #, etc. 22
City & State 23
Zip 24 Country 25

2a. Mailing Address 26
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

4. FEI Number: 00-0166442 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. **Name and Address of Current Registered Agent**

THORNE, J. PHILIP
4007 TORINO WAY
PANAMA CITY FL 32405

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ______ Signature, typed or printed name of registered agent and title if applicable NOTE: Registered Agent signature required when reinstating DATE

12. OFFICERS AND DIRECTORS

TITLE	GOV	☑ DELETE
NAME	THORNE, PHILIP J.	
STREET ADDRESS	4007 TORINO WAY	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	GE	☑ DELETE
NAME	WALL, WILLIAM	
STREET ADDRESS	2604 FAIRMONT RD	
CITY-ST-ZIP	MONTGOMERY AL	
TITLE	D	☑ DELETE
NAME	BROWN, GARY	
STREET ADDRESS	107 FOXFIRE DR.	
CITY-ST-ZIP	DOTHAN AL	
TITLE	D	☑ DELETE
NAME	GUNNELS, JIM	
STREET ADDRESS	5362 PANORAMA BLVD.	
CITY-ST-ZIP	MOBILE AL	
TITLE	D	☐ DELETE
NAME	MALTBY, SABLE	
STREET ADDRESS	2806 BILTMORE AVE	
CITY-ST-ZIP	MONTGOMERY AL	
TITLE	ST	☑ DELETE
NAME	WHITE, ROBERT	
STREET ADDRESS	1025 W. 19TH ST. BOX 12A	
CITY-ST-ZIP	PANAMA CITY FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Gov	☐ Change ☑ Addition
1.2 NAME	William H. Wall	
1.3 STREET ADDRESS	2604 Fairmont Rd	
1.4 CITY-ST-ZIP	Montgomery, AL 36111-2809	
2.1 TITLE	GE	☐ Change ☑ Addition
2.2 NAME	Paul Jacobs	
2.3 STREET ADDRESS	2508 Hermitage Dr	
2.4 CITY-ST-ZIP	Montgomery, Al 36111	
3.1 TITLE	Dir	☐ Change ☑ Addition
3.2 NAME	Thad Chesser	
3.3 STREET ADDRESS	606 North 5th Street	
3.4 CITY-ST-ZIP	Florala, AL 36442-0201	
4.1 TITLE	Dir	☐ Change ☑ Addition
4.2 NAME	Francis Craven	
4.3 STREET ADDRESS	221 Snyder Dr	
4.4 CITY-ST-ZIP	Frisco City, AL 36445-2216	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	Sec	☑ Change ☐ Addition
6.2 NAME	Margaret Smith	
6.3 STREET ADDRESS	2838 South Colonial Dr.	
6.4 CITY-ST-ZIP	Montgomery, Al 36111-2827	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Margaret Smith — May 8, 1996 (334)285-4263
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #

CR2E034 (12/95)