
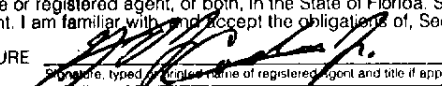


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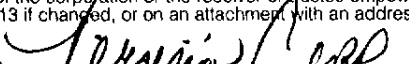
FILED
Feb 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 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 2508 HERMITAGE DR MONTGOMERY AL 36111-2113 US		Mailing Address 2508 HERMITAGE DR MONTGOMERY AL 36111-2113 US	
2. Principal Place of Business 21 10211 Sugar Creek Dr Suite, Apt. #, etc. 22 City & State 23 Pensacola, Florida Zip 24 32514 Country 25 USA		2a. Mailing Address 26 10211 Sugar Creek Dr Suite, Apt. #, etc. 27 City & State 28 Pensacola, FL Zip 29 32514 Country 30 USA	
3. 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 George J. Codone, JR. 82 Street Address (P.O. Box Number is Not Acceptable) 10211 Sugar Creek Drive 83 84 City Pensacola FL 85 Zip Code 32504	
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  <small>Please, typed or printed name of registered agent and title if applicable</small>		George J. Codone, JR. <small>(NOTE: Registered Agent signature required when reinstating)</small>	
12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP 1.1 TITLE GOV 1.2 NAME JACOBS, PAUL 1.3 STREET ADDRESS 2508 HERMITAGE DR 1.4 CITY-ST-ZIP MONTGOMERY AL <input checked="" type="checkbox"/> DELETE 2.1 TITLE GE 2.2 NAME CODONE, GEORGE JR 2.3 STREET ADDRESS 10211 SUGAR CREEK DR 2.4 CITY-ST-ZIP PENSACOLA FL <input checked="" type="checkbox"/> DELETE 3.1 TITLE D 3.2 NAME CHESSER, THAD 3.3 STREET ADDRESS P.O. BOX 50151 3.4 CITY-ST-ZIP MOBILE AL <input checked="" type="checkbox"/> DELETE 4.1 TITLE D 4.2 NAME CRAVEN, FRANCIS 4.3 STREET ADDRESS 221 SNYDER DR 4.4 CITY-ST-ZIP FRISCO CITY AL <input checked="" type="checkbox"/> DELETE 5.1 TITLE D 5.2 NAME STULTS, CHARLES 5.3 STREET ADDRESS 7801 HALCYON FOREST TRAIL 5.4 CITY-ST-ZIP MONTGOMERY AL <input type="checkbox"/> DELETE 6.1 TITLE S 6.2 NAME HOLLIFIELD, CHARLES P 6.3 STREET ADDRESS 1051 S MCDONOUGH ST 6.4 CITY-ST-ZIP MONTGOMERY AL <input checked="" type="checkbox"/> DELETE		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE Governor 1.2 NAME Codone, George J. JR. 1.3 STREET ADDRESS 10211 Sugar Creek Drive 1.4 CITY-ST-ZIP Pensacola, FL 32514 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.1 TITLE Governor-Elect 2.2 NAME Gordon Durham 2.3 STREET ADDRESS 405 Hounds Run West 2.4 CITY-ST-ZIP MOBILE, ALABAMA 36608 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.1 TITLE Director 3.2 NAME Glenda Donaldson 3.3 STREET ADDRESS 611 Cummings 3.4 CITY-ST-ZIP OPP, ALABAMA 36467 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4.1 TITLE CAROLYN LEE (Director) 4.2 NAME 20 PRICE PARK, Suite 411 4.3 STREET ADDRESS MOBILE, ALABAMA, 36609 4.4 CITY-ST-ZIP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5.1 TITLE 5.2 NAME Same 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.1 TITLE Secretary/Treasurer 6.2 NAME Virginia CUPP 6.3 STREET ADDRESS 6122 Woodcock Lane 6.4 CITY-ST-ZIP PENSACOLA, FL 32504 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	



DO NOT WRITE IN THIS SPACE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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  **Virginia Cupp** 2-2-98 (850) 479-0900

CR2E034 (10/97)