

FILED
May 10, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P38025

1. Corporation Name

ALABAMA-WEST FLORIDA CIVITAN DISTRICT, INC.

Principal Place of Business

10211 SUGAR CREEK DR
PENSACOLA FL 32514
US

Mailing Address

10211 SUGAR CREEK DR
PENSACOLA FL 32514
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/24/1992

2. Principal Place of Business

21 405 Hounds Run West

Suite, Apt. #, etc.

22 Mobile, AL 36608

City & State

23

Zip

24 36608

Country

25 USA

2a. Mailing Address

26 405 Hounds Run West

Suite, Apt. #, etc.

27 Mobile, AL 36608

City & State

28

Zip

29 36608

Country

30 USA

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 owes the current year Intangible Personal Property Tax.

☐ Yes☐ No

9. Name and Address of Current Registered Agent

CODONE, JR G
10211 SUGAR CREEK DR
PENSACOLA FL 32504

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 607.0805, Florida Statutes.

SIGNATURE

Josephine G Shannon, Secretary

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when restating)

DATE

4/30/99

12. OFFICERS AND DIRECTORS

TITLE **G** ☒ DELETE
NAME **CODONE, GEORGE J JR**
STREET ADDRESS **10211 SUGAR CREEK DR**
CITY-ST-ZIP **PENSACOLA FL 32514**
TITLE **G** ☒ DELETE
NAME **DURHAM, GORDON**
STREET ADDRESS **405 HOUNDS RUN W**
CITY-ST-ZIP **MOBILE AL 36608**
TITLE **D** ☐ DELETE
NAME **DONALDSON, GLENDA**
STREET ADDRESS **611 CUMMINGS**
CITY-ST-ZIP **OPP AL 36487**
TITLE **D** ☐ DELETE
NAME **LEE, CAROLYN**
STREET ADDRESS **2 OFFICE PARK SUITE 411**
CITY-ST-ZIP **MOBILE AL 36609**
TITLE **D** ☒ DELETE
NAME **STULTS, CHARLES**
STREET ADDRESS **7801 HALCYON FOREST TRAIL**
CITY-ST-ZIP **MONTGOMERY AL**
TITLE **ST** ☒ DELETE
NAME **CUPP, VIRGINIA**
STREET ADDRESS **6122 WOODCOCK LN**
CITY-ST-ZIP **PENSACOLA FL 32504**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Governor** ☒ Change ☐ Addition
1.2 NAME **Gordon Durham**
1.3 STREET ADDRESS **405 Hounds Run West**
1.4 CITY-ST-ZIP **Mobile, AL 36608**
2.1 TITLE **Governor-Elect** ☒ Change ☐ Addition
2.2 NAME **Gary Brooks**
2.3 STREET ADDRESS **Route 3, Box 168-D**
2.4 CITY-ST-ZIP **Opp, AL 36467**
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE **Director** ☒ Change ☐ Addition
5.2 NAME **Cary Moore**
5.3 STREET ADDRESS **3849 Fieldcrest Drive**
5.4 CITY-ST-ZIP **Montgomery, AL 36111**
6.1 TITLE **Secretary/Treasurer** ☒ Change ☐ Addition
6.2 NAME **Jo Shannon**
6.3 STREET ADDRESS **6428 Angela Court**
6.4 CITY-ST-ZIP **Mobile, AL 36695**

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, with all other like empowered.

SIGNATURE: **Josephine G Shannon/Secretary** **4/30/99** (334) 690-1525

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)