

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 14, 2001 8:00 am**  
**Secretary of State**

02-14-2001 90009 011 \*\*\*150.00

**DOCUMENT # P38025**

1. Entity Name

**ALABAMA-WEST FLORIDA CIVITAN DISTRICT, INC.**

Principal Place of Business

Mailing Address

RT 3 BOX 168-D  
 OPP AL 36467  
 US

RT 3 BOX 168-D  
 OPP AL 36467  
 US

2. Principal Place of Business

**302 N MAIN ST**

3. Mailing Address

**302 N MAIN ST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**OPP AL**

City & State

**OPP AL**

Zip

Country

**36467 USA**

Zip

Country

**36467 USA**

4. FEI Number **00-0166442**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CODONE, JR G  
 10211 SUGAR CREEK DR  
 PENSACOLA FL 32504**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

7. Name and Address of New Registered Agent

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
 After MAY 1, 2001 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **ST** ☐ Delete

NAME **WILLIAMS, SUE**  
 STREET ADDRESS **304 N MAIN ST**  
 CITY-ST-ZIP **OPP AL 36467**

TITLE **G** ☐ Delete

NAME **BROOKS, GARY**  
 STREET ADDRESS **ROUTE 3, BOX 168-D**  
 CITY-ST-ZIP **OPP AL 36467**

TITLE **DE** ☐ Delete

NAME **DONALDSON, GLENDA**  
 STREET ADDRESS **302 N MAIN ST**  
 CITY-ST-ZIP **OPP AL 36467**

TITLE **D** ☐ Delete

NAME **GOODSON, PAT**  
 STREET ADDRESS **107 W EMERAL DR**  
 CITY-ST-ZIP **ENTERPRISE AL 36330**

TITLE **D** ☐ Delete

NAME **MOORE, GARY**  
 STREET ADDRESS **3849 FIELDCREST DRIVE**  
 CITY-ST-ZIP **MONTGOMERY AL 36111**

TITLE **D** ☐ Delete

NAME **SHANNON, JO**  
 STREET ADDRESS **6428 ANGELA COURT**  
 CITY-ST-ZIP **MOBILE AL 36695**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME **GOUENOR**  
 STREET ADDRESS **GLENDA DONALDSON**  
 CITY-ST-ZIP **302 N MAIN ST  
 OPP, AL. 36467**

TITLE **DE** ☒ Change ☐ Addition

NAME **HERTZENE CRENSHAW**  
 STREET ADDRESS **84 CRENSHAW LOOP**  
 CITY-ST-ZIP **WETUMPKA, AL 36092**

TITLE ☐ Change ☐ Addition

NAME **CONNIE ROGERS**  
 STREET ADDRESS **2051 GRANDVIEW ROAD**  
 CITY-ST-ZIP **MILL BROOK, AL 36054**

TITLE ☐ Change ☐ Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SUE WILLIAMS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-12-2001**

Date

**334 493 6660**

Daytime Phone #

CR2E034 (10/00)