

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 720454

**FILED**  
**Mar 25, 2019**  
**Secretary of State**  
**5346954979CC**

**Entity Name:** ST. GEORGE ISLAND CIVIC CLUB, INC.

**Current Principal Place of Business:**

SJI VOLUNTEER FIRE DEPT BLDG  
320 E PINE AVE  
ST. GEORGE ISLAND, FL 32328

**Current Mailing Address:**

P O BOX 451  
EASTPOINT, FL 32328 US

**FEI Number:** 47-3863582

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

FULLER, LOULA M.  
36 WEST PINE AVENUE  
ST. GEORGE ISLAND, FL 32328 US

*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:** LOULA M FULLER

03/25/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            O'CONNELL, MICHAEL  
Address        P O BOX 451  
City-State-Zip: EASTPOINT FL 32328

Title            VP  
Name            MORRIS, JIM  
Address        P.O. BOX 451  
City-State-Zip: ST. GEORGE ISLAND FL 32328

Title            SECRETARY  
Name            FULLER, LOULA M  
Address        36 WEST PINE AVE  
City-State-Zip: EASTPOINT FL 32328

Title            T  
Name            MCCORMICK, CAROL  
Address        P.O. BOX 451  
City-State-Zip: EASTPOINT FL 32328

Title            PAST PRESIDENT  
Name            DONALD, JAMES  
Address        SGI VOLUNTEER FIRE DEPT BLDG  
                  P.O. BOX 451  
City-State-Zip: ST. GEORGE ISLAND FL 32328

Title            AT LARGE  
Name            MATHEWSON , BEN  
Address        P O BOX 451  
City-State-Zip: EASTPOINT FL 32328

Title            AT LARGE  
Name            HOWE, PLEAS  
Address        P O BOX 451  
City-State-Zip: EASTPOINT FL 32328

*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:** LOULA M. FULLER

**SECRETARY**

03/25/2019

Electronic Signature of Signing Officer/Director Detail

Date