

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35813

Entity Name: LAUREL CIVIC ASSOCIATION, INC.**Current Principal Place of Business:**C/O SANDRA S. TERRY
509 COLLINS ROAD
LAUREL, FL 34272**Current Mailing Address:**C/O SANDRA TERRY
PO BOX 511
LAUREL, FL 34272 US**FEI Number:** 65-0187752**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**TERRY, SANDRA S
509 COLLINS ROAD
BOX 511
LAUREL, FL 34272 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:** SANDRA S. TERRY

01/11/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :Title D
Name TISH, SCOTT
Address 107 VILLA DR
City-State-Zip: OSPREY FL 34229Title VC
Name BECKOM, WILLIE JREV
Address 732 HIDERBURG
City-State-Zip: LAUREL FL 34272Title ED
Name TERRY, SANDRA G
Address 730 CHURCH STREET
City-State-Zip: LAUREL FL 34272Title D
Name MCCOY, BERTHA J
Address 404 COLLINS RD
City-State-Zip: LAUREL FL 34272Title BC
Name BARKSDALE, SUZANNE
Address 712 SANDPIPER LN.
City-State-Zip: NOKOMIS FL 34272Title S
Name OLM-STOELTING, KERAN
Address 321 DESOTO ST.
City-State-Zip: NOKOMIS FL 34275Title TREASURER
Name JOHNSON, CATHY
Address 628 CHURCH ST.
City-State-Zip: LAUREL FL 34272

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: SANDRA S. TERRY

EXECUTIVE DIRECTOR

01/11/2015

Electronic Signature of Signing Officer/Director Detail

Date