

**2021 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N35813

**Entity Name:** LAUREL CIVIC AGENCY, INC.

**Current Principal Place of Business:**

509 COLLINS ROAD  
LAUREL, FL 34275

**Current Mailing Address:**

C/O PETER M. CASAMENTO, E.D.  
P.O. BOX 511  
LAUREL, FL 34272 US

**FEI Number:** 65-0187752

**Certificate of Status Desired:** Yes

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

CASAMENTO, PETER M E.D.  
509 COLLINS ROAD  
P.O. 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:** PETER M. CASAMENTO

09/29/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR EMERITUS  
Name BECKOM, REV. WILLIE J.  
Address 509 COLLINS RD  
City-State-Zip: LAUREL FL 34275

Title SECRETARY  
Name BARKSDALE, SUZANNE  
Address P.O. BOX 511  
City-State-Zip: LAUREL FL 34272

Title TREASURER  
Name RAMEY, TERRI  
Address P.O. BOX 511  
City-State-Zip: LAUREL FL 34272

Title VC  
Name LEBLANC, KIMBERLY  
Address 509 COLLINS RD  
City-State-Zip: LAUREL FL 34275

Title CHAIRMAN, PRESIDENT  
Name MANCINI, JOHN  
Address P.O. BOX 511  
City-State-Zip: LAUREL FL 34272

Title DIRECTOR  
Name FRED, WEAVER  
Address P.O. BOX 511  
City-State-Zip: LAUREL FL 34272

Title DIRECTOR  
Name VINSON, GWEN  
Address P.O. BOX 511  
City-State-Zip: LAUREL FL 34272

Title DIRECTOR  
Name GRICE, NICHOLE  
Address P.O. BOX 511  
City-State-Zip: LAUREL FL 34272

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*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:** PETER M. CASAMENTO

**EXECUTIVE DIRECTOR**

09/29/2021

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title                 DIRECTOR  
Name                TURNER, DENNIS  
Address             P.O. BOX 511  
City-State-Zip:    LAUREL FL 34272

Title                 DIRECTOR  
Name                JEFFERSON, JOHN  
Address             P.O. BOX 511  
City-State-Zip:    LAUREL FL 34272

Title                 EXECUTIVE DIRECTOR  
Name                CASAMENTO, PETER M  
Address             C/O PETER M. CASAMENTO, E.D.  
                      P.O. BOX 511  
City-State-Zip:    LAUREL FL 34272