

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -8 AM 9:41

DOCUMENT # 739114 (7)
1. Corporation Name

PALM COAST CIVIC ASSOCIATION, INC.

Principal Place of Business Mailing Address
P.O. BOX 350654 P.O. BOX 350654
P. O. BOX 350654 P. O. BOX 350654
PALM COAST FL 32135 PALM COAST FL 32135
US US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/19/1977 3a. Date of Last Report 04/01/1994

4. FEI Number 59-1854459 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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
CHIUMENTO, MICHAEL D. ESQ.
4 NORTH OLD KINGS ROAD
PALM COAST FL 32037

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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	SHERIDAN, LAWRENCE
STREET ADDRESS	41 HEMBURY LAN
CITY-ST-ZIP	PALM COAST, FL 00000
TITLE	VD
NAME	DANIEL, DAVID
STREET ADDRESS	7 CLEE CT.
CITY-ST-ZIP	PALM COAST FL
TITLE	TD
NAME	MAYOR, CAROL M
STREET ADDRESS	14 CLAYMONT CT SO
CITY-ST-ZIP	PALM COAST FL
TITLE	SD
NAME	NEVERAS, THERESA
STREET ADDRESS	75 CORAL REEF CT. N.
CITY-ST-ZIP	PALM COAST FL
TITLE	SD
NAME	WOLFERT, MARY
STREET ADDRESS	32 BLACK BEAR LANE
CITY-ST-ZIP	PALM COAST FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	RADLET, THOMAS J.	
1.3 STREET ADDRESS	1 BLEAU CT.	
1.4 CITY-ST-ZIP	PALM COAST FL 32137	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CANFIELD, JAMES	
2.3 STREET ADDRESS	5 CLAYMONT, C.T.S.	
2.4 CITY-ST-ZIP	PALM COAST FL 32137	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Carol M Mayor 2-3-95 904-445-3468
DATE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: CAROL M. MAYOR