

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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
PALM COAST FL 32135
US

P.O. BOX 350654
P. O. BOX 350654
PALM COAST FL 32135
US

3. Date Incorporated or Qualified
05/19/1977

3a. Date of Last Report
02/08/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

24

25

Country

29

30

Zip

Country

4. FEI Number

59-1854459

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHIUMENTO, MICHAEL D. ESQ.
4 NORTH OLD KINGS ROAD
PALM COAST FL 32037

81 Name: RADLET, THOMAS J.
82 Street Address (P.O. Box Number is Not Acceptable): 1 BLEAU COURT
83 PALM COAST
84 City: PALM COAST FL 85 Zip Code: 32137

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

THOMAS J. RADLET
(NOTE: Registered Agent signature required when reinstating)

2/24/96
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	RADLET, THOMAS J	
STREET ADDRESS	1 BLEAU CT	
CITY-ST-ZIP	PALM COAST, FL 00000	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	CANFIELD, JAMES	
STREET ADDRESS	5 CLAYMONT CTS	
CITY-ST-ZIP	PALM COAST FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	MAYOR, CAROL M	
STREET ADDRESS	14 CLAYMONT CT SO	
CITY-ST-ZIP	PALM COAST FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	NEVERAS, THERESA	
STREET ADDRESS	75 CORAL REEF CT. N.	
CITY-ST-ZIP	PALM COAST FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WOLFERT, MARY	
STREET ADDRESS	32 BLACK BEAR LANE	
CITY-ST-ZIP	PALM COAST FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SCRIPP, JOHN L III
2.3 STREET ADDRESS	14 CURRY CT
2.4 CITY-ST-ZIP	PALM COAST, FL 32137
3.1 TITLE	<input checked="" 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	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	WOLFERT, MARY
5.3 STREET ADDRESS	32 BLACK BEAR LANE
5.4 CITY-ST-ZIP	PALM COAST, FL.
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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Thomas J. Radlet THOMAS J. RADLET

2/24/96

904-445-3249

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)