

**NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 IF NOT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).**

**APPROVED
 AND
 FILED**

1997 OCT -2 PM 3:12

**SECRETARY OF STATE
 TALLAHASSEE, FLORIDA**

NONPROFIT CORPORATION ANNUAL REPORT 1997

FLORIDA DEPARTMENT OF STATE
 Sandra E. 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
 P. O. BOX 350654 P. O. BOX 350654
 PALM COAST FL 32135 PALM COAST FL 32135
 US US



DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 3a. Date of Last Report
05/19/1977 03/04/1996

4. FEI Number Applied For
59-1854459 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

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**RADLET, THOMAS J.
 1 BLEAU COURT
 PALM COAST FL 32137**

10. Name and Address of New Registered Agent

81 Name **Eustace, John M.**

82 Street Address (P.O. Box Number is Not Acceptable)
4 Chickshaw Ct.

83

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 *John M. Eustace* **9/10/97**

12. OFFICERS AND DIRECTORS

TITLE	PO	<input checked="" type="checkbox"/> DELETE
NAME	RADLET, THOMAS J	
STREET ADDRESS	1 BLEAU CT.	
CITY-ST-ZIP	PALM COAST, FL 09000	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SCRIPP, JOHN L. III	
STREET ADDRESS	14 CURRY SOUT	
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	TD	<input type="checkbox"/> DELETE
NAME	WOLFERT, MARY	
STREET ADDRESS	32 BLACK BEAR LANE 32 Black Bear Ln.	
CITY-ST-ZIP	PALM COAST FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	Carter, Ralph	
STREET ADDRESS	2 Woodamber Ln.	
CITY-ST-ZIP	Palm Coast, FL.	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	Pitman, Jack	
STREET ADDRESS	14 Wendy Ln.	
CITY-ST-ZIP	Palm Coast, FL.	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President - D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Eustace, John M.	
1.3 STREET ADDRESS	4 Chickshaw Court	
1.4 CITY-ST-ZIP	Palm Coast, FL 32137	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	WOLFERT, MARY	
4.3 STREET ADDRESS	32 BLACK BEAR LN	CORRECTION SPELLING
4.4 CITY-ST-ZIP		
5.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	CARTER, RALPH	
5.3 STREET ADDRESS	2 WOODAMBER LANE	
5.4 CITY-ST-ZIP	PALM COAST, FL	
6.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	PITMAN, JACK	
6.3 STREET ADDRESS	14 WENDY LN	
6.4 CITY-ST-ZIP	PALM COAST, FL	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 *John M. Eustace* **9/10/97**

CR2E037 (4/97)

\$61.25