3-27-95-B-2645 -xc

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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 MAR 27 AM 11:01

DOCUMENT # **746088** **(4)**

1. Corporation Name

MALONE SENIOR CITIZEN'S JOY CLUB, INC.

Principal Place of Business	Mailing Address
5107 8TH AVENUE MALONE FL 32445 US	4962 DOGWOOD DRIVE MARIANNA FL 32446 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/28/1979
3a. Date of Last Report: 06/28/1994
4. FEI Number: NOT APPLICABLE ☐ 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	26 Malone Joy Club
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 P.O. Box 614
City & State 23	City & State 28 Malone, Fl.
Zip 24 / Country 25	Zip 29 32445 / Country 30 Jackson

9. Name and Address of Current Registered Agent

OLIVE, OSCAR
4962 DOGWOOD DRIVE
MARIANNA FL 32446

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when executing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE		☐ Change ☐ Addition
NAME	OLIVE, OSCAR	12 NAME		
STREET ADDRESS	4962 DOGWOOD DRIVE	13 STREET ADDRESS		
CITY-ST-ZIP	MARIANNA FL	14 CITY-ST-ZIP		
TITLE	D	21 TITLE	Vice President	☑ Change ☐ Addition
NAME	EDGE, ROY	22 NAME	Roy Edge	
STREET ADDRESS	5131 7TH AVE.	23 STREET ADDRESS	5131 7th Ave.	
CITY-ST-ZIP	MALONE, FL 00000	24 CITY-ST-ZIP	Malone, Fl. 32445	
TITLE	V	31 TITLE	Director	☑ Change ☐ Addition
NAME	ROGERS, HAZEL	32 NAME	Merle Rogers	
STREET ADDRESS	5107 8TH AVE	33 STREET ADDRESS	5335 9th St.	
CITY-ST-ZIP	MALONE FL 32445	34 CITY-ST-ZIP	Malone, Fl. 32445	
TITLE	D	41 TITLE	Director	☑ Change ☐ Addition
NAME	HALL, J T JR	42 NAME	Frances Taylor	
STREET ADDRESS	112 7TH ST S	43 STREET ADDRESS	5451 10 St.	
CITY-ST-ZIP	MALONE, FL 00000	44 CITY-ST-ZIP	Malone, Fl. 32445	
TITLE	ST	51 TITLE		☐ Change ☐ Addition
NAME	HODGES, RUTH	52 NAME		
STREET ADDRESS	4802 LOGAN LOOP	53 STREET ADDRESS		
CITY-ST-ZIP	MALONE FL	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	MCDANIEL, VERA	62 NAME		
STREET ADDRESS	5111 8TH AVE	63 STREET ADDRESS		
CITY-ST-ZIP	MALONE, FL 00000	64 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)(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: Ruth V. Hodges, Secy & Treas. 2/20/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

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