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 # **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	MALONE JOY CLUB POST OFFICE BOX 614 MALONE FL 32445 US

3. Date Incorporated or Qualified: 02/28/1979
3a. Date of Last Report: 03/27/1995

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

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

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

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: Edge, Roy J.
82 Street Address (P.O. Box Number is Not Acceptable): 5131 7th Ave
83:
84 City: MALONE FL 85 Zip Code: 32445

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: Roy J. Edge (Roy J. Edge, Pres.) March 15, 1996
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☑ DELETE	1.1 TITLE	P	☑ Change ☐ Addition
NAME	OLIVE, OSCAR		1.2 NAME	Roy Edge	
STREET ADDRESS	4962 DOGWOOD DRIVE		1.3 STREET ADDRESS	5131 7th Ave	
CITY-ST-ZIP	MARIANNA FL		1.4 CITY-ST-ZIP	MALONE FL 32445	
TITLE	VP	☐ DELETE	2.1 TITLE	VP	☑ Change ☑ Addition
NAME	ROY EDGE		2.2 NAME	JAMES SNELL	
STREET ADDRESS	5131 7TH AVENUE		2.3 STREET ADDRESS	2969 GREEN	
CITY-ST-ZIP	MALONE FL		2.4 CITY-ST-ZIP	MARIANNA, FL 32446	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MERLE ROGERS		3.2 NAME		
STREET ADDRESS	5335 9TH ST.		3.3 STREET ADDRESS		
CITY-ST-ZIP	MALONE FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	FRANCES TAYLOR		4.2 NAME		
STREET ADDRESS	5451 10TH ST.		4.3 STREET ADDRESS		
CITY-ST-ZIP	MALONE FL		4.4 CITY-ST-ZIP		
TITLE	ST	☑ DELETE	5.1 TITLE	ST	☑ Change ☐ Addition
NAME	HODGES, RUTH		5.2 NAME	HAZEL ROGERS	
STREET ADDRESS	4802 LOGAN LOOP		5.3 STREET ADDRESS	5361 11th ST	
CITY-ST-ZIP	MALONE FL		5.4 CITY-ST-ZIP	MALONE, FL 32445	
TITLE	D	☑ DELETE	6.1 TITLE	D	☑ Change ☐ Addition
NAME	MCDANIEL, VERA		6.2 NAME	THOMAS HATCHER	
STREET ADDRESS	5111 8TH AVE		6.3 STREET ADDRESS	5938 VICTORY ROAD	
CITY-ST-ZIP	MALONE, FL 00000		6.4 CITY-ST-ZIP	BASCOM, FL 32423	

CR2E037 (12/95)

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: Hazel Rogers — March 15, 1996 — (904) 569-2410
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

HAZEL ROGERS, TREAS