

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 08, 1999 8:00 am
Secretary of State

04-08-1999 90101 008 ****61.25

DOCUMENT # 746088

1. Corporation Name

MALONE SENIOR CITIZEN'S JOY CLUB, INC.

Principal Place of Business

5107 8TH AVENUE
MALONE FL 32445
US

Mailing Address

MALONE JOY CLUB
POST OFFICE BOX 614
MALONE FL 32445
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

02/28/1979

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

9. Name and Address of Current Registered Agent

EDGE, ROY J.
5131 7TH ST
MALONE FL 32445

10. Name and Address of New Registered Agent

81 Name

OSCAR OLIVE

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

4962 Dogwood Dr.

83

84 City

MARIANNA

FL

85 Zip Code

32446

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, thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE OSCAR OLIVE, PRESIDENT

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

(NOTE: Registered Agent signature required when reinstating)

4-5-99

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME EDGE, ROY J.
STREET ADDRESS 5131 7TH AVENUE
CITY-ST-ZIP MALONE FL 32445
☒ DELETE

TITLE D
NAME SNELL, JAMES
STREET ADDRESS 2969 GREEN
CITY-ST-ZIP MARIANNA FL
☐ DELETE

TITLE VP
NAME SANSON, TOM
STREET ADDRESS 3284 CAVERNS
CITY-ST-ZIP MARIANNA FL 32446
☐ DELETE

TITLE D
NAME ROGERS, MERLE
STREET ADDRESS 5335 9TH ST
CITY-ST-ZIP MALONE FL 32445
☒ DELETE

TITLE ST
NAME HAZEL, ROGERS
STREET ADDRESS 5361 11TH STREET
CITY-ST-ZIP MALONE FL
☐ DELETE

TITLE D
NAME HATCHER, THOMAS
STREET ADDRESS 5938 VICTORY ROAD
CITY-ST-ZIP BASCOM FL
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P
1.2 NAME OSCAR OLIVE
1.3 STREET ADDRESS 4962 Dogwood Dr.
1.4 CITY-ST-ZIP MARIANNA, FL 32446
☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

4.1 TITLE D
4.2 NAME LEE PARRISH
4.3 STREET ADDRESS 5939 SELLERS Rd.
4.4 CITY-ST-ZIP MARIANNA, FL 32446
☒ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HAZEL ROGERS
4-5-99 850-569-2410

Date

Daytime Phone #

0076481

0076481

Lowden BAXTER (D)
5327 11th ST
MALONE, FL 32445

Doc # 746088
309364-90101-8

Carolyn Baxter (D)
5440 11th ST
MALONE, FL 32445

ETHEL HALL (D)
5391 FRIENDSHIP CHURCH RD.
MALONE, FL 32445

LOWDEAN BAXTER (D)
5327 11th ST
MALONE, FL 32445

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