

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 746088

1. Entity Name

MALONE SENIOR CITIZEN'S JOY CLUB, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90133 017 ****61.25

Principal Place of Business	Mailing Address
5107 8TH AVENUE MALONE FL 32445 US	MALONE JOY CLUB POST OFFICE BOX 614 MALONE FL 32445-0614 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number	Applied For
NOT APPLICABLE	Not Applicable

5. Certificate of Status Desired	\$8.75 Additional Fee Required
☐	

6. Name and Address of Current Registered Agent

~~OLIVE OSCAR~~
~~4962 DOGWOOD DR~~
~~MARIANNA FL 32446~~

RAY STEWART
 5081 8TH AVE
 MALONE, FL 32445

7. Name and Address of New Registered Agent

Name: RAY STEWART
 Street Address (P.O. Box Number is Not Acceptable): 5081 8TH AVE
 City: MALONE FL Zip Code: 32445

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE: RAY STEWART, PRESIDENT *Ray Stewart* DATE: 4/17/00

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

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	P	☒ Delete
NAME	OLIVE OSCAR	
STREET ADDRESS	4962 DOGWOOD DRN	
CITY-ST-ZIP	MARIANNA FL 32446	
TITLE	D	☒ Delete
NAME	SNELL, JAMES	
STREET ADDRESS	2969 GREEN	
CITY-ST-ZIP	MARIANNA FL	
TITLE	VP	☒ Delete
NAME	SANSON, TOM	
STREET ADDRESS	3284 CAVERNS	
CITY-ST-ZIP	MARIANNA FL 32446	
TITLE	D	☐ Delete
NAME	PARRISH, LEE	
STREET ADDRESS	5939 SELLERS RD	
CITY-ST-ZIP	MARIANNA FL 32446	
TITLE	ST	☐ Delete
NAME	HAZEL, ROGERS	
STREET ADDRESS	5361 11TH STREET	
CITY-ST-ZIP	MALONE FL	
TITLE	D	☐ Delete
NAME	HATCHER, THOMAS	
STREET ADDRESS	5938 VICTORY ROAD	
CITY-ST-ZIP	BASCOM FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	☒ Change ☐ Addition
NAME	RAY STEWART	
STREET ADDRESS	5081 8TH AVE.	
CITY-ST-ZIP	MALONE, FL 32445	
TITLE	D	☒ Change ☐ Addition
NAME	TAYLOR, FRANCES	
STREET ADDRESS	5451 10th Street	
CITY-ST-ZIP	MALONE, FL 32445	
TITLE	VP	☒ Change ☐ Addition
NAME	ROY J. EDGE	
STREET ADDRESS	5137 Seventh Ave.	
CITY-ST-ZIP	MALONE, FL 32445	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Hazel Rogers* DATE: 4/17/00 850-569-2410

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)

746088

Attachment

950114

D

Loudean BAXTER

5327 11th ST

MAHONE, FL 32445-

D

Kitty MURDOCK

5486 10th ST

MAHONE, FL 32445-

D

Ruth Hodges

4802 Logan Loop

MAHONE, FL 32445-

S

CAROLYN BAXTER

5441 CAROL LYNN LN

MAHONE, FL 32445-