2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 09, 2001 8:00 am
Secretary of State
02-09-2001 90765 007 ****61.25

DOCUMENT # 746088

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DO NOT WRITE IN THIS SPACE

1. Entity 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

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number NOT APPLICABLE ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STEWART, RAY 5081 8TH AVENUE MALONE FL 32445	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 O Stewart 1-1-2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P STEWART, RAY 5081 8TH AVENUE MALONE FL 32445	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ROY J. EDGE 5137 SEVENTH AVE MALONE, FLA. 32445 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TAYLOR, FRANCES 5451 10TH STREET MALONE FL 32445	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP EDGE, ROY J 5137 SEVENTH AVENUE MALONE FL 32445	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP STAN SANDERS 3003 CHASE WAY MARIANNA FLA ☒ Change ☐ Addition -482 6224 4
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PARRISH, LEE 5939 SELLERS RD MARIANNA FL 32446	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST HAZEL, ROGERS 5361 11TH STREET MALONE FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST JOE LIVINGSTON 1058 COLLINS ROAD GORDON, ALABAMA 36343 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HATCHER, THOMAS 5938 VICTORY ROAD BASCOM FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/00)

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: ROY J. EDGE REQUIRED 1-18-2001 1-850-569-5843
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #