2002 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the receiver or changed, or on an attachment with

AGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED Feb 21, 2002 8:00 am **DOCUMENT # 746088** Secretary of State 1. Entity Name MALONE SENIOR CITIZEN'S JOY CLUB, INC. 02-21-2002 90044 019 ****61 Principal Place of Business Mailing Address MALONE JOY CLUB 5107 8TH AVENUE POST OFFICE BOX 614 MALONE FL 32445 MALONE FL 32445 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State NOT APPLICABLE Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) STEWART, RAY 5081 8TH AVENUE 30Q3 CHASEWAY MALONE FL 32445 atement for the purpose of changing its registered office or registered agent, or both, in the state of Florida 8. The above named entity mits this SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, types printed name of registered agent and title if applicable Make Check Pavable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. (<u>6</u>) ☐ Addition X Change Delete TITLE TITLE SAUNDERS STAN EDGE, ROY J NAME NAME 3003 CHASEWAY CR2E037 5137 SEVENTH AVE STREET ADDRESS STREET ADDRESS MARAYNA 7/ 32446 CITY-ST-ZIP CITY-ST-ZIP MALONE FL 32445 Change ☐ Addition ☐ Delete TITLE TITLE STEWART TAYLOR, FRANCES NAME NAME PS ST. STREET ADDRESS 5451 10TH STREET STREET ADDRESS MALONE 71. 32445 CITY-ST-ZIP MALONE-FL 32445 CITY-ST-ZIP **Change** ☐ Addition TITLE Delete TITLE Hodges SANDERS, STAN NAME NAME 4802 LOSAN LOOP STREET ADDRESS 3023 OHASE WAY STREET ADDRESS ALONE, 71. 32445 CITY-ST-7IP CITY-ST-ZIP MARIANNA FL Addition Delete Change TITLE TITLE AZEL ROSERS PARRISH, LEE NAME NAME 361 ELEVENTH ST. STREET ADDRESS STREET ADDRESS 5939 SELLERS RD CITY-ST-ZIP 32445 MARIANNA FL 32446 CITY-ST-ZIP **Addition** ☐ Change ST Delete TITLE HATCHER #567 SANDRIDGE CHURCH Rd. LIVINGSTON, JOE NAME NAME STREET ADDRESS STREET ADDRESS 1058 COLLINS RD GRAND RIDSE, 71. CITY-ST-7IP CITY-ST-ZIP GORDON AL 36343 **Addition** ☐ Delete TITLE TITLE E.MYERS NAME HATCHER, THOMAS NAME 96 HW42 STREET ADDRESS 5938 VICTORY ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BASCOM FL 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 chapter give or on an attachment with an address, with all latter like empowered.

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