2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 08:00 AM
Secretary of State

DOCUMENT # 746088

1. Entity Name
MALONE SENIOR CITIZEN'S JOY CLUB, INC.

Principal Place of Business	Mailing Address
5107 8TH AVE. W. MALONE, FL 32445 US	PO BOX 2 MALONE, FL 32445 US

04162008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

MYERS, DORA L
5296 8TH AVE E
MALONE, FL 32445

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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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000906881
05/05/08-80016-015 61.25

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MURDOCK, KITTY
STREET ADDRESS	5486 10TH ST. MAIN
CITY-ST-ZIP	MALONE, FL 32445
TITLE	VP
NAME	HART, GAYLE
STREET ADDRESS	5267 10TH ST. MAIN
CITY-ST-ZIP	MALONE, FL 32445
TITLE	D
NAME	ROBINSON, ADELL M
STREET ADDRESS	5310 HUMMING BRID RD.
CITY-ST-ZIP	BASCOME, FL 32423
TITLE	D
NAME	TIDWELL, FRANCES
STREET ADDRESS	5037 EIGHT AVE. W
CITY-ST-ZIP	MALONE, FL 32445
TITLE	D
NAME	HATCHER, LOIS
STREET ADDRESS	5839 LINE RD.
CITY-ST-ZIP	BASCOME, FL 32423
TITLE	D
NAME	MATHIS, DOROTHY
STREET ADDRESS	5678 BANNER RD.
CITY-ST-ZIP	MALONE, FL 32445

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: DORA L. MYERS, Treas Dora L. Myers 4-17-08 850-569-2419
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #