2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 746088

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

FILED
09 FEB -4 PM 2:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

Principal Place of Business	Mailing Address
5107 8TH AVE. W. MALONE, FL 32445 US	P.O. Box 262 ~~PO BOX 2~~ ~~MALONE, FL 32445~~ US Malone, FL 32445

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	P.O. Box 262
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: MALONE FL
Zip / Country	Zip: 32445 Country: JACKSON

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
MYERS, DORA L 5296 8TH AVE E MALONE, FL 32445	Name: CAROLYN H. BAXTER Street Address (P.O. Box Number is Not Acceptable): P.O. Box 262 / 5424 11th ST. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Carolyn H. Baxter Carolyn H. Baxter 2/2/09
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $61.25

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MURDOCK, KITTY 5486 10TH ST. MAIN MALONE, FL 32445	☐ Delete	P MURDOCK, KITTY P.O. Box 28 - 5486 10th St. MALONE FL 32445	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP HART, GAYLE 5267 10TH ST. MAIN MALONE, FL 32445	☒ Delete	VP Tidwell, Frances PO Box 184 5037 8th AVE W Malone FL 32445	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROBINSON, ADELL M 5310 HUMMING BRID RD. P.O Box 217 BASCOME, FL 32423	☐ Delete	20013907 0822 12/16/08--01033--003 **61.25	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TIDWELL, FRANCES 5037 EIGHT AVE. W MALONE, FL 32445	☒ Delete	Sec-Tres CAROLYN H. BAXTER PO Box 262 5424 11th St. MALONE, FL 32445	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HATCHER, LOIS 5839 LINE RD. BASCOME, FL 32423	☒ Delete	D EARL PATRICK (PATRICK) 5400 RIVER Rd. BASCOM, FL 32423	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MATHIS, DOROTHY 5678 BANNER RD. MALONE, FL 32445	☐ Delete	D Charlotte M. Gardner 5275 Woodgate Way Marianna, FL 32446	☐ Change ☑ Addition

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: Carolyn H. Baxter Carolyn H. Baxter 2/2/09
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Secy./Treasurer