2003 NOT-FOR-PROFIT CORPORATION

Apr 10, 2003 8:00 am § Secretary of State **UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # 746088 04-10-2003 90142 045 ****61.25 MALONE SENIOR CITIZEN'S JOY CLUB, INC. Principal Place of Business Mailing Address Secretary of the second MALONE JOY CLUB 5107 8TH AVENUE MALONE FL 32445 POST OFFICE BOX 614 MALONE FL 32445 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State 4. FEI Number NOT APPLICABLE City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SAUNDERS, STAN dress (P.O. Box Number is Not Acceptable) 3003 CHASE WAY oaan MARIANNA FL 32446 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. I am familiar with, and accept (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10 Delete TITLE ☐ Change Addition TITLE SAUNDERS, STAN NAME NAME STREET ADDRESS 3003 CHASE WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MARIANNA FL 32446 ☐ Change ☐ Delete Addition TITLE TITLE TAYLOR, FRANCES NAME NAME **5451 10TH STREET** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MALONE FL 32445 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition STEWART, RAY NAME NAME 5081-8TH-ST.=----STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MALONE FL 32445 ST ☐ Delete TITLE Change ☐ Addition TITLE NAME HODGES, RUTH NAME 4802 LOGAN LOOP STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MALONE FL 32445 Delete ☐ Change ☐ Addition TITLE TITLE ROGERS, HAZE L NAME NAME STREET ADDRESS 5361 ELEVENTH ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MALONE FL 32445 D ☐ Delete TITLE TITLE ☐ Change Addition

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

HATCHER, THOMAS

5938 VICTORY ROAD

BASCOM FL

pril 9 2063

850-569-228

FILED