

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90268 020 ****70.00

DOCUMENT # N03448



1. Entity Name

MEASE MANOR RESIDENTS FOUNDATION, INC.

Principal Place of Business

C/O JOHN M. NORTON
700 MEASE PLAZA
DUNEDIN FL 34698

Mailing Address

C/O JOHN M. NORTON
700 MEASE PLAZA
DUNEDIN FL 34698

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number

59-2437006

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NORTON, JOHN M.
MEASE MANOR
700 MEASE PLAZA
DUNEDIN FL 34698

7. Name and Address of New Registered Agent

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. 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

FILE NOW: FEE IS \$61.25
Due By: May 1, 2005

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

TITLE	P	☒ Delete
NAME	NORTON, JAMES O	
STREET ADDRESS	1095 VIRGINIA ST.	
CITY-ST-ZIP	DUNEDIN FL	
TITLE	ST	☐ Delete
NAME	FREANEY, MAUREEN	
STREET ADDRESS	542 MAIN STREET	
CITY-ST-ZIP	DUNEDIN FL	
TITLE	D	☐ Delete
NAME	KLINGBIEL, PAUL	
STREET ADDRESS	700 MEASE PLAZA	
CITY-ST-ZIP	DUNEDIN FL	
TITLE	D	☐ Delete
NAME	HALE, JEANNETTE	
STREET ADDRESS	2307 JONES COURT	
CITY-ST-ZIP	DUNEDIN FL	
TITLE	D	☐ Delete
NAME	HARVIE, ROBERT	
STREET ADDRESS	700 MEASE PLAZA	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	☒ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Phyllis Bowles	☐ Change ☒ Addition
NAME	700 Mease Plaza	
STREET ADDRESS	Dunedin, FL 34698	
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Maureen Freaney CHAIRMAN of the Board

4/18/05 727-733-1161 X210