2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State
03-28-2002 90175 020 ****61.25

DOCUMENT # N15153

1. Entity Name

ANNIE W. JOHNSON SENIOR SERVICE CENTER, INCORPOR ATED

Principal Place of Business	Mailing Address
1991 TEST ST. P.O.BOX 1951 DUNNELLON FL 32630	1991 TEST ST. P.O.BOX 1951 DUNNELLON FL 32630

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2757655 ☐ 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
ALLEN, CAROL L 10099 N CAMAE POINT DUNNELLON FL 34433	Name CHERYL L. NEWELL Street Address (P.O. Box Number is Not Acceptable) 10316 N. GARDNER WAY City DUNNELLON FL Zip Code 34434

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.

SIGNATURE CHERYL L. NEWELL Cheryl L. Newell, Executive Director 3/13/02
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

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARTINEZ, AL P.O. BOX 328 DUNNELLON FL 34430	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BARBARA MCKINNON 7881 N. SARAZEN DRIVE DUNNELLON, FL 34434	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GENNARD, LUME 10121 N DARWIN WAY CITRUS SPRINGS FL 34434	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EXECUTIVE DIRECTOR (M) CHERYL L. NEWELL 10316 N. GARDNER WAY DUNNELLON, FL 34434	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KEELE, JANE 20160 RIVER DR DUNNELLON FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EMERSON, JERRY P.O. BOX 226 N/A DUNNELLON FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OLSEN, DORIS E 22875 SW 117TH STREET DUNNELLON FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S COTHERN, JOAN C P. O. BOX 2048 N/A DUNNELLON FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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: Cheryl L. Newell 3/14/02 352-489-8021
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #