

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90128 045 *****70.00

DOCUMENT # N15153

1. Entity Name

ANNIE W. JOHNSON SENIOR SERVICE CENTER, INCORPORATED



Principal Place of Business

1991 TEST ST.
P.O. BOX 1951
DUNNELLON FL 32630

Mailing Address

1991 TEST ST.
P.O. BOX 1951
DUNNELLON FL 32630

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NEWELL, CHERYL L
10316 N GARDNER WAY
DUNNELLON FL 34434

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

Cheryl L. Newell

CHERYL L. NEWELL EXEC DIR.

1/21/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **MARTINEZ, AL**
STREET ADDRESS **P.O. BOX 328**
CITY-ST-ZIP **DUNNELLON FL 34430**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **MCKINNON, BARBARA**
STREET ADDRESS **7881 N SARAZEN DR**
CITY-ST-ZIP **CITRUS SPRINGS FL 34434**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **KEELE, JANE**
STREET ADDRESS **20160 RIVER DR**
CITY-ST-ZIP **DUNNELLON FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **EMERSON, JERRY**
STREET ADDRESS **P.O. BOX 226 N/A**
CITY-ST-ZIP **DUNNELLON FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **OLSEN, DORIS E**
STREET ADDRESS **22875 SW 117TH STREET**
CITY-ST-ZIP **DUNNELLON FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **EDM** ☐ Delete
NAME **NEWELL, CHERYL L**
STREET ADDRESS **10316 N GARDNER WAY**
CITY-ST-ZIP **DUNNELLON FL 34434**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Cheryl L. Newell

Jan. 21, 2003 352 489 8021

CR2E037 (10/02)