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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N25662

1. Corporation Name

NATIONAL SENIORS BENEVOLENT ASSOCIATION, INC.

Principal Place of Business

1221 TURNER STREET
SUITE 106
CLEARWATER FL 34616

Mailing Address

1221 TURNER STREET
SUITE 106
CLEARWATER FL 34616



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

03/30/1988

4. FEI Number
59-2904254

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

FOGARTY, JOHN J.
1221 TURNER ST.
SUITE 204
CLEARWATER FL 33756

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME BURR, F. J.
STREET ADDRESS 1345 S. MISSOURI AVE.
CITY-ST-ZIP CLEARWATER FL

TITLE STD
NAME RIEDEL, MARY R.
STREET ADDRESS 830 S GULFVIEW BLVD, #208
CITY-ST-ZIP CLEARWATER FL

TITLE VD
NAME WAGMAN, ARTHUR M.
STREET ADDRESS 203 W. MONTGOMERY AVE.
CITY-ST-ZIP ROCKVILLE MD

TITLE D
NAME MEYER, LASSIE
STREET ADDRESS RT. 1 BOX 380-A SHANNON
CITY-ST-ZIP COOKEVILLE TN

TITLE STD
NAME ACKERLEY, HARRIETT
STREET ADDRESS 1213 SUNSET DR
CITY-ST-ZIP CLEARWATER FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

NATIONAL SENIORS BENEVOLENT ASSOCIATION, INC.

SIGNATURE: BY F. J. BURR, PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 18, 1999 (727) 442-9899
Date Daytime Phone #

CR2E037 (1/98)