


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 15, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N25662</b> 1. Entity Name NATIONAL SENIORS BENEVOLENT ASSOCIATION, INC.	
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Principal Place of Business 1221 TURNER STREET SUITE 106 CLEARWATER, FL 33756	Mailing Address 1221 TURNER STREET SUITE 106 CLEARWATER, FL 33756
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01072004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2904254	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  ACKERLEY, OLIVER 1554 S. FT. HARRISON AVENUE CLEARWATER, FL 33756
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25  
Due by May 1, 2004**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BURR, F. J. 1221 TURNER STREET CLEARWATER, FL 33756
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD TIERNEY, FLORENCE 1004-31 ISLAND WAY CLEARWATER, FL 34630
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PERLMAN, JOSEPH N 1101 BELCHER ROAD SOUTH, SUITE B LARGO, FL 33771
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MEYER, LASSIE RT. 1 BOX 380-A SHANNON COOKEVILLE, TN
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD MASCHING, JANET 174 ARBOR DR. WEST PALM HARBOR, FL 34683
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/16/04-80011-021 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**  **FJ BURR PRES** 1-9-04 (727) 429899  
Signature and typed or printed name of signing officer or director Date Daytime Phone #