

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2005 08:00 AM
Secretary of State

DOCUMENT # N25662

1. Entity Name
NATIONAL SENIORS BENEVOLENT ASSOCIATION, INC.



Principal Place of Business

**1221 TURNER STREET
SUITE 106
CLEARWATER, FL 33756**

Mailing Address

**1221 TURNER STREET
SUITE 106
CLEARWATER, FL 33756**



01202005 No Chg-NP

CR2E037 (10/03)

4. FEI Number

59-2904254

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ACKERLEY, OLIVER
1554 S. FT. HARRISON AVENUE
CLEARWATER, FL 33756**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

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	

U00000208512
02/01/05-80089-014 70.00

**DO NOT WRITE
IN THIS SPACE**

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 officer 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 #

1-25-05 727 4429899