

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25662

Entity Name: NATIONAL SENIORS BENEVOLENT ASSOCIATION, INC.**Current Principal Place of Business:**2194 MAIN STREET
SUITE H
DUNEDIN, FL 34698**Current Mailing Address:**P.O. BOX 4296
HIGHLAND PARK, NJ 08904**FEI Number: 59-2904254****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RUBAIL, JAWDET I ESQUIRE
1358 S. MISSOURI AVENUE
CLEARWATER, FL 33756 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	VTD
Name	HOWELL, CHRISTOPHER
Address	1861 SADDLE HILL ROAD, S
City-State-Zip:	DUNEDIN FL 34698

Title	PRESIDENT, DIRECTOR
Name	BURR, FRANKLIN II
Address	P O BOX 4296
City-State-Zip:	HIGHLAND PARK NJ 08904

Title	DIRECTOR
Name	MALTESE, MARIA
Address	1599 MCAULIFFE LANE
City-State-Zip:	PALM HARBOR FL 34683

Title	DIRECTOR
Name	SILVERMAN, STEWART
Address	885 BERKLEY COURT N.
City-State-Zip:	PALM HARBOR FL 34684

Title	DIRECTOR
Name	MASTRO, STEPHEN
Address	3053 EGRET TERRACE
City-State-Zip:	SAFETY HARBOR FL 34695

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: FRANKLIN BURR II**PD****04/29/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date