

2019 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 DIRECTOR
Name MALTESE, MARIA
Address 1599 MCAULIFFE LANE
City-State-Zip: PALM HARBOR FL 34683

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

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

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

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

04/30/2019

Electronic Signature of Signing Officer/Director Detail

Date