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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 15 PM 3:22

DOCUMENT # 714816 (6)

1. Corporation Name
THE MAE VOLEN SENIOR CENTER, INC.

Principal Place of Business	Mailing Address
1515 W. PALMETTO PARK RODA PO BOX 2468 BOCA RATON FL 33486 US	P.O. BOX 2468 PO BOX 2468 BOCA RATON FL 33427 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/21/1968
3a. Date of Last Report: 01/28/1994
4. FEI Number: 59-2695062 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

RICE, HELEN M.
1515 W. PALMETTO PARK ROAD
POST OFFICE BOX 2468
BOCA RATON FL 33486-9468

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Helen M. Rice, Executive Director Helen M. Rice 1/24/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	ZIMMERMAN, JOHN E.	1.2 NAME	Nease, Marian Pearlman	
STREET ADDRESS	1771 THATCH PALM DR.	1.3 STREET ADDRESS	5355 Town Center Road	
CITY-ST-ZIP	BOCA RATON, FL 00000	1.4 CITY-ST-ZIP	Boca Raton, FL 33486	
TITLE	VD	2.1 TITLE	VD	☐ Change ☒ Addition
NAME	FRANKEL, HENRIETTA	2.2 NAME	Leon M. Weekes	
STREET ADDRESS	350 S. OCEAN BLVD. #6-C	2.3 STREET ADDRESS	777 E. Atlantic Ave.	
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	Delray Beach, FL 33483	
TITLE	=ATD - TD	3.1 TITLE	D	☐ Change ☒ Addition
NAME	SNYDER, JOSEPH G.	3.2 NAME	Helen M. Rice	
STREET ADDRESS	1334 S.W. 14TH ST	3.3 STREET ADDRESS	8 Polo Circle	
CITY-ST-ZIP	BOCA RATON FL 33486	3.4 CITY-ST-ZIP	Boca Raton, FL 33431	
TITLE	TD	4.1 TITLE	VD	☐ Change ☒ Addition
NAME	WALTON, R. KEITH	4.2 NAME	Juan Rionda	
STREET ADDRESS	2101 NW 2ND AVE.	4.3 STREET ADDRESS	1579 SW Sixth Court	
CITY-ST-ZIP	BOCA RATON FL	4.4 CITY-ST-ZIP	Boca Raton, FL 33486	
TITLE	SD	5.1 TITLE		☐ Change ☐ Addition
NAME	STARKOFF, FLORENCE	5.2 NAME		
STREET ADDRESS	4301 N OCEAN BLVD	5.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33431	5.4 CITY-ST-ZIP		
TITLE	VD	6.1 TITLE	VP	☐ Change ☒ Addition
NAME	NEASE, MARIAN	6.2 NAME	Cheryl Culp	
STREET ADDRESS	5355 TOWN CENTER RD, 801	6.3 STREET ADDRESS	1277 W. Palmetto Park Road	
CITY-ST-ZIP	BOCA RATON FL	6.4 CITY-ST-ZIP	Boca Raton, FL 33486	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 addition.

SIGNATURE: Helen M. Rice 1/24/95 407-395-8920
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
Helen Rice, Executive Director