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Feb 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

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

3. Date Incorporated or Qualified: 06/21/1968

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26 1515 W. Palmetto Pk Road
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Boca Raton, Fl.
Zip 24 / Country 25	Zip 29 33486 / Country 30 US

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE X _____ 1-28-98
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	TD	☐ DELETE	1.1 TITLE	V C	☒ Change ☐ Addition
NAME	FREUDENBERG, PAT		1.2 NAME		
STREET ADDRESS	6152 N VERDE TRAIL		1.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 00000		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE	C	☒ Change ☐ Addition
NAME	WEEKES, LEON M		2.2 NAME		
STREET ADDRESS	777 E. ATLANTIC AVE.		2.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL		2.4 CITY-ST-ZIP		
TITLE	TD	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ZIMMERMAN, JOHN E		3.2 NAME		
STREET ADDRESS	1771 THATCH PALM DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33432		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WALTON, R. KEITH		4.2 NAME		
STREET ADDRESS	2101 NW 2ND AVE.		4.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		4.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MCMASTER, SUE		5.2 NAME		
STREET ADDRESS	920 NW 4TH AVE.		5.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		5.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	6.1 TITLE	V C	☒ Change ☐ Addition
NAME	CULP, CHERYL		6.2 NAME		
STREET ADDRESS	1277 W. PALMETTO PARK ROAD		6.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33486		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. 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 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 address.

SIGNATURE: X _____ 1-28-98