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02-27-1999 90042 036 ****70.00

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NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 714816

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	1515 W PALMETTO PARK ROAD BOCA RATON FL 33486 US

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) Country (25) | Zip (29) Country (30)

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

4. FEI Number: 59-2695062 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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: Elizabeth Lugo
82 Street Address (P.O. Box Number is Not Acceptable): 1515 W. Palmetto Park Road
83
84 City: Boca Raton **FL** 85 Zip Code: 33486

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: Elizabeth Lugo/Pres/CEO DATE: 1/26/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VCD	☐ DELETE	1.1 TITLE		☐ 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	C	☒ DELETE	2.1 TITLE		☐ 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	WALTON, R. KEITH		3.2 NAME		
STREET ADDRESS	2101 NW 2ND AVE.		3.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		3.4. CITY-ST-ZIP		
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MCMASTER, SUE		4. 2 NAME		
STREET ADDRESS	920 NW 4TH AVE.		4.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		4.4 CITY-ST-ZIP		
TITLE	VC	☐ DELETE	5.1 TITLE	C	☒ Change ☐ Addition
NAME	CULP, CHERYL		5.2 NAME		
STREET ADDRESS	1277 W. PALMETTO PARK ROAD		5.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33486		5.4 CITY-ST-ZIP		
TITLE	Pres/CEO	☐ DELETE	6.1 TITLE		☐ Change ☒ Addition
NAME	Lugo, Elizabeth		6.2 NAME		
STREET ADDRESS	1515 W. Palmetto Park Rd.		6.3 STREET ADDRESS		
CITY-ST-ZIP	Boca Raton, FL 33486		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: Elizabeth Lugo 1/22/99 (561) 395-8920
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Pres/CEO — Date — Daytime Phone #