2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 08:00 AM
Secretary of State

DOCUMENT # 714816

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

Principal Place of Business	Mailing Address
1515 W. PALMETTO PARK ROAD PO BOX 2468 BOCA RATON, FL 33486 US	1515 W PALMETTO PARK ROAD BOCA RATON, FL 33486 US

01142004 No Chg-NP CR2E037 (10/03)

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

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LUGO, ELIZABETH
1515 W. PALMETTO PARK ROAD
BOCA RATON, FL 33486

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	WALTON, R. KEITH
STREET ADDRESS	2101 NW 2ND AVE.
CITY-ST-ZIP	BOCA RATON, FL
TITLE	SD
NAME	LANGSTON, LISKA
STREET ADDRESS	301 YAMATO RD
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	PCEO
NAME	LUGO, ELIZABETH
STREET ADDRESS	1515 W PALMETTO PARK RD
CITY-ST-ZIP	BOCA RATON, FL 33486
TITLE	C
NAME	NEWSOME, EMMANUEL
STREET ADDRESS	777 GLADES ROAD
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	VCD
NAME	FEIGL, RUTH
STREET ADDRESS	7402 PANACHE WAY
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/26/04-80024-012 70.00

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X Elizabeth Lugo Elizabeth Lugo 1/14/04 (561) 395-8920
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #