

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90031 017 ****70.00

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01062005 Chg-NP- CR2E037 (10/03)

DOCUMENT # 714816 1. Entity Name THE MAE VOLEN SENIOR CENTER, INC.					
Principal Place of Business 1515 W. PALMETTO PARK ROAD PO BOX 2468 BOCA RATON, FL 33486 US			Mailing Address 1515 W PALMETTO PARK ROAD BOCA RATON, FL 33486 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2695062	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For <input type="checkbox"/>	
				Not Applicable <input type="checkbox"/>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LUGO, ELIZABETH 1515 W. PALMETTO PARK ROAD BOCA RATON, FL 33486				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WALTON, R. KEITH		NAME		
STREET ADDRESS	2101 NW 2ND AVE.		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LANGSTON, LISKIA		NAME	VCD	
STREET ADDRESS	301 YAMATO RD		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33431		CITY-ST-ZIP		
TITLE	PCEO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LUGO, ELIZABETH		NAME		
STREET ADDRESS	1515 W PALMETTO PARK RD		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33486		CITY-ST-ZIP		
TITLE	C	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	NEWSOME, EMMANUEL		NAME	SD	
STREET ADDRESS	777 GLADES ROAD		STREET ADDRESS	Nina Seiberty	
CITY-ST-ZIP	BOCA RATON, FL 33433		CITY-ST-ZIP	433 SW 8th Street	
TITLE	VCD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FEIGL, RUTH		NAME	C	
STREET ADDRESS	7402 PANACHE WAY		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33433		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	VCD	
STREET ADDRESS			STREET ADDRESS	Ernest Simon	
CITY-ST-ZIP			CITY-ST-ZIP	100 NE Fifth Avenue	
			Delray Beach, FL 33483		
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: <i>Elizabeth Lugo</i>			Date: <i>1/21/05</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		