

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$153 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$305)

NONPROFIT
CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 735184

(4)

1. Corporation Name

CONGRESS OF SENIOR ADULTS, INC.

FILED
95 JUL 31 PM 12: 53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business
C/O JESSIE MYRICK
1702 W 19TH
JACKSONVILLE FL 32209
US

Mailing Address
C/O JESSIE MYRICK
1702 W 19TH
JACKSONVILLE FL 32209
US

3. Date Incorporated or Qualified
03/09/1976
3a. Date of Last Report
04/08/1994
4. FEI Number
59-1662002
Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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 ☐ FILING FEE IS
\$61.25

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MYRICK, JESSIE B.
1702 W. 19TH STREET
JACKSONVILLE FL 32209

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

JESSE B. MYRICK

(NOTE: Registered Agent signature required when reinstating)

7/26/95

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME MYRICK, JESSIE
STREET ADDRESS 1702 W. 19TH STREET
CITY - ST - ZIP JACKSONVILLE FL

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

TITLE SD
NAME COPPOCK, MAGGIE
STREET ADDRESS 1830 KINGS ROAD
CITY - ST - ZIP JAX, FL 00000

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

TITLE TD
NAME REED, JUANITA
STREET ADDRESS 1830 KINGS RD
CITY - ST - ZIP JACKSONVILLE FL

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

TITLE V
NAME REED, JUANITA
STREET ADDRESS 1830 KINGS ROAD
CITY - ST - ZIP JACKSONVILLE FL

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

TITLE FD
NAME GARNER, FANNIE E
STREET ADDRESS 1965 W. 9TH
CITY - ST - ZIP JACKSONVILLE, FL 0

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

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 110.07(3)(k), 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:

JESSE B. MYRICK

(SIGNATURE AND TYPED OR PRINTED NAME OF BOHIO OFFICER OR DIRECTOR)

7/26/95

(Signature of Agent)