

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 741546 (6)

1. Corporation Name

GOLDEN AGE CLUB OF MULBERRY, FLA., INC.



Principal Place of Business

Mailing Address

**901 NE 5TH STREET
MULBERRY FL 33860**

**901 NE 5TH STREET
MULBERRY FL 33860**

3. Date Incorporated or Qualified
02/07/1978

3a. Date of Last Report
06/19/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

NOT APPLICABLE

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**

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

**ELLIS, JUANITA W.
606 1ST AVENUE N.W.
MULBERRY FL 33860**

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

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 ☐ DELETE

NAME **P
WHEELER, PAULINE**
STREET ADDRESS **600 NW 9TH ST.**
CITY - ST - ZIP **MULBERRY FL**

TITLE ☐ DELETE

NAME **V
WHEELER, BOB**
STREET ADDRESS **600 NW 9TH ST.**
CITY - ST - ZIP **MULBERRY FL**

TITLE ☐ DELETE

NAME **S
RAY, GUILDA**
STREET ADDRESS **504 12TH AVE NE**
CITY - ST - ZIP **MULBERRY FL**

TITLE ☐ DELETE

NAME **TD
HALL, MARGARET**
STREET ADDRESS **3005 BAILEY RD.**
CITY - ST - ZIP **MULBERRY FL**

TITLE ☐ DELETE

NAME **D
ROBERTS, NEWITT**
STREET ADDRESS **1206 6TH AVE NE**
CITY - ST - ZIP **MULBERRY FL**

TITLE ☒ DELETE

NAME **D
HATCH, GERALD**
STREET ADDRESS **806 12TH AVE NE**
CITY - ST - ZIP **MULBERRY FL**

1.1 TITLE

V

☒ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

D

☒ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

P

☒ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

D

☐ Change

☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

**PEEK, CECIL
802 NE 12th Ave
MULBERRY, FL**

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 119.07(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:

Newitt D. Roberts
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/96 / *813.435.1008*
Date Daytime Phone

CR2E037 (12/95)