FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998

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

FILED
Feb 04 1998 8:00am
Secretary of State

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

4. FEI Number **NOT APPLICABLE**   Applied For / Not Applicable

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

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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	V	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	WHEELER, PAULINE		1.2 NAME	
STREET ADDRESS	600 NW 9TH ST.		1.3 STREET ADDRESS	
CITY-ST-ZIP	MULBERRY FL		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	WHEELER, BOB		2.2 NAME	
STREET ADDRESS	600 NW 9TH ST.		2.3 STREET ADDRESS	
CITY-ST-ZIP	MULBERRY FL		2.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	RAY, GUILDA		3.2 NAME	
STREET ADDRESS	504 12TH AVE NE		3.3 STREET ADDRESS	
CITY-ST-ZIP	MULBERRY FL		3.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	HALL, MARGARET		4.2 NAME	
STREET ADDRESS	3005 BAILEY RD.		4.3 STREET ADDRESS	
CITY-ST-ZIP	MULBERRY FL		4.4 CITY-ST-ZIP	
TITLE	P	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	ROBERTS, NEWITT		5.2 NAME	
STREET ADDRESS	1206 6TH AVE NE		5.3 STREET ADDRESS	
CITY-ST-ZIP	MULBERRY FL		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	PEEK, CECIL		6.2 NAME	
STREET ADDRESS	802 NE 12TH AVE		6.3 STREET ADDRESS	
CITY-ST-ZIP	MULBERRY FL		6.4 CITY-ST-ZIP	

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.

SIGNATURE: _Pauline Wheeler_ REQUIRED   1-13-98   941-425-3423

CR2E037 (10/97)