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Mar 03 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **743391** (5)

1. Corporation Name

**CHARLOTTE J. HENDERSON SENIOR CITIZENS INCORPORATED**

Principal Place of Business

Mailing Address

**407 S. MAIN ST.  
HAVANA FL 32333**

**407 S. MAIN ST.  
HAVANA FL 32333**

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip Country

**28** Zip Country

**24** **25**

**29** **30**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**06/27/1978**

4. FEI Number

**59-0285460**

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**

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

10. Name and Address of New Registered Agent

**HENDERSON, CHARLOTTE  
407 S MAIN ST  
HAVANA FL 32333**

81 Name

**Charlotte Henderson**

82 Street Address (P.O. Box Number Is Not Acceptable)

**407 South Main Street**

83

84 City

**Havana**

**FL**

85 Zip Code

**32333**

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

*Charlotte Henderson*

**25 February 98**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE  
NAME **HENDERSON, CHARLOTTE**  
STREET ADDRESS **407 S. MAIN ST**  
CITY-ST-ZIP **HAVANA FL**

1.1 TITLE **P/O** ☐ Change ☐ Addition  
1.2 NAME **Charlotte J. Henderson**  
1.3 STREET ADDRESS **407 So. Main St.**  
1.4 CITY-ST-ZIP **Havana, FL 32333**

TITLE **VD** ☐ DELETE  
NAME **BROWN, WILLIE LEE**  
STREET ADDRESS **328 SE FOURTH ST**  
CITY-ST-ZIP **HAVANA FL**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **CHANDLER, MARY J.**  
STREET ADDRESS **P.O. BOX 130** **N/A**  
CITY-ST-ZIP **HAVANA FL**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE  
NAME **MORGAN, RUBEN**  
STREET ADDRESS **RT 4, BOX 667**  
CITY-ST-ZIP **HAVANA FL**

4.1 TITLE **W.D. HOLTON** ☒ Change ☐ Addition  
4.2 NAME **RR 4 BOX 660**  
4.3 STREET ADDRESS **HAVANA, FL 32333**  
4.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE  
NAME **BULTER, MALLIE**  
STREET ADDRESS **RT. 3, BOX 194**  
CITY-ST-ZIP **HAVANA FL**

5.1 TITLE **WILLIAMS, MARTHA J.** ☒ Change ☐ Addition  
5.2 NAME **601 S. MAIN ST**  
5.3 STREET ADDRESS **HAVANA, FL 32333**  
5.4 CITY-ST-ZIP

TITLE **SD** ☒ DELETE  
NAME **RICHARDSON, WILLIE MAE**  
STREET ADDRESS **801 S. MAIN ST**  
CITY-ST-ZIP **HAVANA FL**

6.1 TITLE **BULTER, ERNESTINE** ☒ Change ☐ Addition  
6.2 NAME **PO BOX 903 (N/A)**  
6.3 STREET ADDRESS **HAVANA, FL 32333**  
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:

*Charlotte Henderson*

**2-10-98 / 801539-5A53**

CR2E037 (10/97)