

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 20, 1999 8:00 am**  
**Secretary of State**

02-20-1999 90071 013 \*\*\*150.00

0009140

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 743391**

1. Corporation Name

**CHARLOTTE J. HENDERSON SENIOR CITIZENS INCORPORATED**

Principal Place of Business

407 S. MAIN ST.  
HAVANA FL 32333

Mailing Address

407 S. MAIN ST.  
HAVANA FL 32333

8 3 2 5 4  
83254-90071-13



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

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

9. Name and Address of Current Registered Agent

HENDERSON, CHARLOTTE  
407 S MAIN ST  
HAVANA FL 32333

*Charlotte Henderson*

10. Name and Address of New Registered Agent

81 Name

NA

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

2-5-99

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME HENDERSON, CHARLOTTE J  
STREET ADDRESS 407 S. MAIN ST  
CITY-ST-ZIP HAVANA FL 32333

☐ DELETE

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

☐ DELETE

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

☐ DELETE

TITLE TD  
NAME HOLTON, W.D.  
STREET ADDRESS RR 4, BOX 6660  
CITY-ST-ZIP HAVANA FL 32333

☐ DELETE

TITLE D  
NAME WILLIAMS, MARTHA J  
STREET ADDRESS 601 S MAIN ST  
CITY-ST-ZIP HAVANA FL 32333

☐ DELETE

TITLE SD BULTER  
NAME BULTER, ERNESTINE  
STREET ADDRESS P.O. BOX 903 N/A  
CITY-ST-ZIP HAVANA FL 32333

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ 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

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

*Charlotte Henderson*

Date

Daytime Phone #

CR2E037 (1/98)