

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
 04-30-2001 90073 029 ****61.25

0015372

DOCUMENT # 743391

1. Entity Name

CHARLOTTE J. HENDERSON SENIOR CITIZENS INCORPORA

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

3. Mailing Address

705 4TH ST. S.W.

1689 RICHDOY RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

HAVANA, FLORIDA

HAVANA, FLORIDA

4. FEI Number

59-0285460

Applied For

Not Applicable

Zip

Country

Zip

Country

32333-11

GAUSDEN

32333-241

GAUSDEN

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required.

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HENDERSON, CHARLOTTE
407 S MAIN ST
HAVANA FL 32333

- DECEASED

Name

WILLIE L BROWN

Street Address (P.O. Box Number is Not Acceptable)

328 4TH SOUTH EAST

City

HAVANA

FL

Zip Code

32333-241

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Willie L Brown

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEES IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PD
WILLIE LEE BROWN
328 4TH ST. SOUTH E.
HAVANA, FL 32333
☒ Change ☐ Addition

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
VP
WESSE L ERICE
☒ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D
GRIFFIN, ABBIE
306 S.E. 1ST ST.
HAVANA FL 32333
DECEASED ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D
WILLIE MAE WASHINGTON
☒ Change ☒ Addition

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Willie L Brown

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)