

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 743391

1. Entity Name
Charlotte F. Henderson Senior Citizens Incorporated

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JUL 18 PM 3:10

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
407 S. Main St.
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 2506
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Havana
Zip
32333 Country

City & State
Havana
Zip
32333 Country

4. FEI Number
59-0285460 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Donald E. Norwood
Street Address (P.O. Box Number is Not Acceptable)
308 Red Fern Rd
City
Havana FL Zip Code
32333

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

Donald E. Norwood

7-18-02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended UBR

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Director Donald E. Norwood 308 Red Fern Rd Havana, Fl. 32333</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>300006495893--4 -07/18/02--01086--003 ****105.00 *****61.25</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Past Director Willie L. Brown 328 4th street SE Havana, Fl. 32333</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Mack Byrd, Director 328 4th street SE. Havana, Fl. 32333</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Charlotte Price, Director 407 S. Main St. Havana, Fl. 32333</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Donald E. Norwood

7-18-02

850 599-1479