

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB -9 AM 11:22

DOCUMENT # 758438 (6)

1. Corporation Name

PALM BAY AREA SENIOR CITIZEN'S ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P. O. BOX 060193
PALM BAY FL 32906-0193
US

P. O. BOX 060193
PALM BAY FL 32906-0193
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/20/1981

3a. Date of Last Report
02/08/1994

4. FEI Number

NOT APPLICABLE

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. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☐

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NEWTON, ELIZABETH
1391 CROMEY RD NE
PALM BAY FL 32905**

81 Name

IRENE EHRMANN

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

827 HAMPTON DR NE

83

84 City

PALM BAY

FL

85 Zip Code

32905

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Irene Ehrmann **IRENE EHRMANN**

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PD
NEWTON, ELIZABETH
1391 CROMEY RD NE
PALM BAY FL**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

**PD
IRENE EHRMANN
827 HAMPTON DR NE
PALM BAY, FL 32905**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**SD
BLAISDELL, FRANKLIN
996 PLYMOUTH COURT NE
PALM BAY FL**

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

**SD
MARY STEIN
1631 MOON BEAM DR.
MALABAR, FL 32950**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**TRD
SOBOTOR, LOUIS
798 BURMAN LN NE
PALM BAY FL**

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

**TD
KAY TOTH
885 GRANDEUR ST SE
PALM BAY, FL 32909**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**V
BLAISDELL, HARRIET
996 PLYMOUTH COURT NE
PALM BAY FL**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

**V
HARRIET BLAISDELL
996 PLYMOUTH COURT NE
PALM BAY, FL 32905**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**V
SOBOTOR, JEAN
798 BURMAN LN NE
PALM BAY FL**

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

**AT
JEAN URYMOWICZ
808 HAMPTON DR NE
PALM BAY, FL 32905**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**AT
NEWTON, JOHN
1391 CROMEY ROAD, N. E.
PALM BAY FL**

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

**V
SYLVIA VOZAK
773 CADEZ ST NE
PALM BAY FL 32905**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: Irene Ehrmann **IRENE EHRMANN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB 2, 1996

(407) 723-6237