

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**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

3. Date Incorporated or Qualified

05/20/1981

3a. Date of Last Report

02/09/1995

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

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**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EHRMANN, IRENE  
827 HAMPTON DRIVE  
PALM BAY FL 32905

81 Name

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE  
NAME EHRMANN, IRENE  
STREET ADDRESS 827 HAMPTON DR NE  
CITY-ST-ZIP PALM BAY FL

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

TITLE SD ☒ DELETE  
NAME STEIN, MARY  
STREET ADDRESS 1621 MOON BEAM DR  
CITY-ST-ZIP MALABAR FL

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME SID  
2.3 STREET ADDRESS FORTE, JUNE  
2.4 CITY-ST-ZIP 359 CORY AV. NE  
PALM BAY, FL 32907

TITLE TD ☐ DELETE  
NAME TOTH, KAY  
STREET ADDRESS 885 GRANDEUR ST SE  
CITY-ST-ZIP PALM BAY FL

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

TITLE V ☒ DELETE  
NAME BLAISDELL, HARRIET  
STREET ADDRESS 996 PLYMOUTH COURT NE  
CITY-ST-ZIP PALM BAY FL

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME V  
4.3 STREET ADDRESS BALLENGER, EUGENIA  
4.4 CITY-ST-ZIP 5631 BABCOCK ST. NE  
PALM BAY, FL 32907

TITLE AT ☒ DELETE  
NAME URYMOWICZ, JEAN  
STREET ADDRESS 808 HAMPTON DR NE  
CITY-ST-ZIP PALM BAY FL

5.1 TITLE ☒ Change ☐ Addition  
5.2 NAME AT  
5.3 STREET ADDRESS SEGRE, CLAUDE  
5.4 CITY-ST-ZIP 213 VELVET AVE NE  
PALM BAY, FL 32907

TITLE V ☐ DELETE  
NAME VOJCAK, SYLVIA  
STREET ADDRESS 773 CADEZ ST NE  
CITY-ST-ZIP PALM BAY FL

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

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 119.07(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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/96

(407) 723-6237

Date

Daytime Phone #

CR2E037 (12/95)