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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 758438**

1. Corporation Name

**PALM BAY AREA SENIOR CITIZEN'S ASSOCIATION, INC.**

Principal Place of Business

P O BOX 100755  
PALM BAY FL 32910-755  
US

Mailing Address

P O BOX 100755  
PALM BAY FL 32910-755  
US



2. Principal Place of Business

21 P.O. BOX 100755

Suite, Apt. #, etc.

22 City & State

23 PALM BAY, FL

Zip

Country

24 32910-0755 25 USA

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28

Zip

Country

29 30

3. Date Incorporated or Qualified

05/20/1981

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

9. Name and Address of Current Registered Agent

ABARE, HELENE  
1615 AVERY ROAD N.E.  
PALM BAY FL 32905

10. Name and Address of New Registered Agent

81 Name MRS. CATHERINE TOTH

82 Street Address (P.O. Box Number is Not Acceptable)  
885 GRANDEUR ST SE

83 PALM BAY

84 City FL 85 Zip Code 32909

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 KATHERINE TOTH PRESIDENT

Catherine Toth 1/26/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME ABARE, HELENE  
STREET ADDRESS 1615 AVERY ROAD N.E.  
CITY-ST-ZIP PALM BAY FL

TITLE S ☒ DELETE

NAME ABLETT CLARA  
STREET ADDRESS 1357 KNOLLWOOD RD NE  
CITY-ST-ZIP PALM BAY FL 32907

TITLE T ☐ DELETE

NAME IRENE E EHRLMANN  
STREET ADDRESS 827 HAMPTON DR NE  
CITY-ST-ZIP PALM BEACH FL 32905

TITLE AT ☒ DELETE

NAME SEGRE, CLAUDE  
STREET ADDRESS 213 VELVET AVENUE NE  
CITY-ST-ZIP PALM BAY FL

TITLE V ☒ DELETE

NAME CUNNINGHAM, FLORA  
STREET ADDRESS 1218 BIANCA DRIVE N.E.  
CITY-ST-ZIP PALM BAY FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME CATHERINE TOTH  
1.3 STREET ADDRESS 885 GRANDEUR ST SE  
1.4 CITY-ST-ZIP PALM BAY, FL 32909

2.1 TITLE S ☒ Change ☐ Addition

2.2 NAME EVELYN FEDERICO  
2.3 STREET ADDRESS 749 BRISBANE ST NE  
2.4 CITY-ST-ZIP PALM BAY, FL 32907

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE AT ☒ Change ☐ Addition

4.2 NAME MARJORIE ARCHER  
4.3 STREET ADDRESS 2799 WRIGHT AVE SE  
4.4 CITY-ST-ZIP PALM BAY, FL 32909

5.1 TITLE V ☒ Change ☐ Addition

5.2 NAME CARMINE IMMEDIATO  
5.3 STREET ADDRESS 1600 SARDINA ST SE  
5.4 CITY-ST-ZIP PALM BAY, FL 32909

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:

CATHERINE TOTH PRESIDENT

Catherine Toth 1/26/99

Date Daytime Phone #

CR2E037 (1/198)