2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **758438** Feb 29, 2000 8:00 am 1. Entity Name **Secretary of State** PALM BAY AREA SENIOR CITIZEN'S ASSOCIATION, INC. 02-29-2000 90097 042 ****61.25 Principal Place of Business Mailing Address P O BOX 100755 P O BOX 100755 PALM BAY FL 32910-0755 PALM BAY FL 32910-755 3. Mailing Address 70. 75 / 755 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. art Malabar City & State 4. FEI Number Applied For City & State NOT APPLICABLE Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 32910-755 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Bugcaro 1-Saltenger Street Address (P.O. Box Number is Not Acceptable) TOTH, CATHERINE 885 GRANDEVR ST SE Babeoch NE PALM BAY FL 32909 8. The above named entity submits this statement for the purpose of chariging its registered office or registered agent, or both in the state of Florida Feb. 3, 2000 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. PD Delete TITLE TITLE TOTH, CATHERINE NAME NAME STREET ADDRESS STREET ADDRESS 885 GRANDEVR ST SE 32907 Palmo & Day, 1=1 CITY-ST-ZIP CITY-ST-ZIP PALM BAY FL П Change ☐ Addition Delete TITLE TITLE FEDERICO, EVELYN NAME NAME STREET ADDRESS STREET ADDRESS 749 BRISBANE ST NE CITY-ST-ZIP CITY-ST-ZIP PALM BAY FL ☐ Addition - Change Delete TITLE TITLE IRENE E EHRMANN NAME NAME A 55 Co Can't Treasurer 2/3 Veluce AU NE 32 Popul 1304, F(32 STREET ADDRESS 827 HAMPTON DR NE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM BEACH FL 32905 __Change ☐ Addition TITLE TITLE AT Delete Marjon Orcher ARCHER, MARJORIE NAME NAME 2799 complet on SE STREET ADDRESS 2799 WRIGHT AVE SE STREET ADDRESS Palm Bay, FL CITY-ST-ZIP CITY-ST-ZIP PALM BAY FL ☐ Delete TITLE Change ☐ Addition TITLE IMMEDIATO, CARMINE NAME STREET ADDRESS STREET ADDRESS 1600 SARDINA ST SE CITY-ST-ZIP CITY-ST-ZIP PALM BAY FL Change ☐ Addition Delere TITI F TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #