Applied For

Not Applicable

NUTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. FILED AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25). NONPROFIT Jul 29 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 **DIVISION OF CORPORATIONS** DOCUMENT # 766106 (9)THE BENEVOLENT ASSOCIATION OF SANTA ROSA COUNTY, INCORPORATED OF MILTON, FLORIDA Principal Place of Business Mailing Address 203 CLARA ST. 203 CLARA ST. 3. Date incorporated or Qualified MILTON FL 32570 MILTON FL 32570 <u>12/14/1982</u> 4. FEI Number 59-2253490 2. Principal Place of Business 2a. Malling Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. \$5.00 May Be 6. Election Campaign Financing 22 27 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? 23 28 Zip Country Country 8. This corporation owes or has paid the current year intangible 24 25 30 Personal Property Tax due June 30. Yes 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 MCDONALD, HILDA 82 Street Address (P.O. Box Number is Not Acceptable) 203 CLARA ST. 83 MILTON FL 32570 84 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE 1.1 TITLE Change Addition XX DELETE President-D BURRIS, HOWARD NAME 1.2 NAME J.C. Williams STREET ADDRESS **5901 HAMILTON BRIDGE RD** 1.3 STREET ADDRESS 6237 Glendale Dr. MILTON FL CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE 2.1 TITLE ΕĐ DELETE Change Addition MODONALD, HILDA NAME 2.2 NAME **203 CLARA STREET** STREET ADDRESS 2.3 STREET ADDRESS MILTON FL CITY-ST-ZIP 2.4 CITY-ST-ZIP Vice-President - D 3.1 TITLE Change Addition DELETE WILLIAMS, JUNIUS C. Winnie McManus NAME 3.2 NAME STREET ADDRESS 6237 GLENDALE DR. 3.3 STREET ADDRESS 307 W. Park Ave. Milton, Florida 32570 MILTON FL. CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE 4 1 TITLE Secretary - D XX DELETE Change Addition NOBLES, DEWITT NAME 4.2 NAME Janet Scott 101 CEDAR STREET STREET ADDRESS 4.3 STREET ADDRESS 9124 Barney Broxson Road MILTON FL CITY-ST-ZIP 4.4 CITY-ST-ZIP Milton, Fl. 32583 TITLE 5.1 TITLE Change Addition DELETE Treasurer - D JERNIGAN, JEANETTE

8.4 CF /-ST-ZIP CITY-ST-ZIP 14. Thereby certify that the information supplied with this filing does not qualify for the exemit ion stated in section 119.07(3)(i), Floride Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and hat 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.

Wish

5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STUEET ADDRESS

DELETE

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SIGNATURE: _

6300 RICH WAY

PACÉ FL

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

Hilda M. McDonald SIGNATURE AND TYPED OR PRHYTED NAME OF SIGNING OPECER OR DIRECTOR

815 Belle Alliance Drive

Pensacola, Florida 325

Laura Schaud

850-623-8239

Change Addition