FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State
03-01-1999 90237 012 ****61.25

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DOCUMENT # 766106

1. Corporation Name

THE BENEVOLENT ASSOCIATION OF SANTA ROSA COUNTY, INCORPORATED OF MILTON, FLORIDA

Principal Place of Business	Mailing Address
203 CLARA ST. MILTON FL 32570	203 CLARA ST. MILTON FL 32570

2. Principal Place of Business (21) — Suite, Apt. #, etc. (22) — City & State (23) — Zip (24) — Country (25)

2a. Mailing Address (26) — Suite, Apt. #, etc. (27) — City & State (28) — Zip (29) — Country (30)

3. Date Incorporated or Qualifed: 12/14/1982

4. FEI Number: 59-2253490 — ☐ Applied For ☐ Not Applicable

5. Certifcate 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

MCDONALD, HILDA
203 CLARA ST.
MILTON FL 32570

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

CR2E037 (11/98)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VPD	☐ DELETE	1.1 TITLE	VPD	XX Change ☐ Addition
NAME	MCMANUS, WINNIE		1.2 NAME	Burris, Howard	
STREET ADDRESS	307 W PARK AVE		1.3 STREET ADDRESS	5901 Hamilton Bridge Road	
CITY-ST-ZIP	MILTON FL 32570		1.4 CITY-ST-ZIP	Milton, Florida 32570	
TITLE	ED	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MCDONALD, HILDA		2.2 NAME		
STREET ADDRESS	203 CLARA STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	MILTON FL		2.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WILLIAMS, J. C.		3.2 NAME		
STREET ADDRESS	6237 GLENDALE DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	MILTON FL 32570		3.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SCOTT, JANET		4. 2 NAME		
STREET ADDRESS	9124 BARNEY BROXSON RD		4.3 STREET ADDRESS		
CITY-ST-ZIP	MILTON FL 32583		4.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SCHAUD, LAURA		5.2 NAME		
STREET ADDRESS	815 BELLE ALLIANCE DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32514		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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: Hilda McDonald — 1/25/99 — 850-623-8239
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #