

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 766106

1. Entity Name

THE BENEVOLENT ASSOCIATION OF SANTA ROSA COUNTY,

Principal Place of Business

Mailing Address

203 CLARA ST.  
MILTON FL 32570

203 CLARA ST.  
MILTON FL 32570-4830

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2253490

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCDONALD, HILDA  
203 CLARA ST.  
MILTON FL 32570

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VPD ☐ Delete  
NAME BURRIS, HOWARD  
STREET ADDRESS 5901 HAMILTON BRIDGE RD  
CITY-ST-ZIP MILTON FL 32570

TITLE DIRECTOR ☐ Change ☒ Addition  
NAME MARGARET BAILEY  
STREET ADDRESS 7410 Dilcey Circle  
CITY-ST-ZIP MILTON, FL. 32570

TITLE ED ☐ Delete  
NAME MCDONALD, HILDA  
STREET ADDRESS 203 CLARA STREET  
CITY-ST-ZIP MILTON FL

TITLE NANCY JORDAN ☐ Change ☒ Addition  
NAME 9474 NAVARRE PKY.  
STREET ADDRESS NAVARRE, FL. 32566  
CITY-ST-ZIP

TITLE PD ☒ Delete  
NAME WILLIAMS, J. C.  
STREET ADDRESS 6237 GLENDALE DR.  
CITY-ST-ZIP MILTON FL 32570

TITLE D. JACK D. MCDONALD, SR. ☐ Change ☒ Addition  
NAME 4651 HAMILTON BRIDGE RD.  
STREET ADDRESS PACE, FL. 32571  
CITY-ST-ZIP

TITLE SD ☐ Delete  
NAME SCOTT, JANET  
STREET ADDRESS 9124 BARNEY BROXSON RD  
CITY-ST-ZIP MILTON FL 32583

TITLE D. SHIRLEY PARKER ☐ Change ☒ Addition  
NAME 7508 JOHNSON RD.  
STREET ADDRESS MILTON, FL. 32583  
CITY-ST-ZIP

TITLE TD ☐ Delete  
NAME SCHAUD, LAURA  
STREET ADDRESS 815 BELLE ALLIANCE DR  
CITY-ST-ZIP PENSACOLA FL 32514

TITLE D. GREGG PERRY ☐ Change ☒ Addition  
NAME 6818 ROUNDWY LN.  
STREET ADDRESS MILTON, FL. 32570  
CITY-ST-ZIP

TITLE D. MANUS WINNIE ☒ Delete  
NAME 307 W. PARK AVE.  
STREET ADDRESS MILTON, FL. 32570  
CITY-ST-ZIP

TITLE D. DAVID SPENCER ☐ Change ☒ Addition  
NAME 5800 HERMITAGE CIR.  
STREET ADDRESS MILTON, FL. 32570  
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

HILDA M. MCDONALD  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/2000

Date

850/623-8239

Daytime Phone #

CR2E037 (9/99)