~~2004~~ NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # 766106

1. Entity Name
THE BENEVOLENT ASSOCIATION OF SANTA ROSA COUNTY,INCORPORATED OF MILTON, FLORIDA

Principal Place of Business	Mailing Address
6780 CAROLINE ST MILTON, FL 32570 US	6780 CAROLINE ST MILTON, FL 32570 US

DO NOT WRITE IN THIS SPACE

01142004 No Chg-NP CR2E037 (10/03)

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

MCDONALD, HILDA
6780 CAROLINE ST
MILTON, FL 32570

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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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MCDONALD, JACK
STREET ADDRESS	4651 HAMILTON BRIDGE RD.
CITY-ST-ZIP	MILTON, FL 32571
TITLE	ED
NAME	MCDONALD, HILDA
STREET ADDRESS	6780 CAROLINE ST
CITY-ST-ZIP	MILTON, FL
TITLE	VP
NAME	GOLDEN, MARY H
STREET ADDRESS	P.O. BOX 583
CITY-ST-ZIP	BAGDAD, FL 32530
TITLE	S
NAME	RICHARDSON, LORI
STREET ADDRESS	P.O. BOX 909
CITY-ST-ZIP	MILTON, FL 32572
TITLE	T
NAME	RICHARDSON, LORI
STREET ADDRESS	P.O. BOX 909
CITY-ST-ZIP	MILTON, FL 32572
TITLE	D
NAME	MORRIS, BETTY
STREET ADDRESS	307 W. PARK AVE.
CITY-ST-ZIP	MILTON, FL 32570

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01/20/04-80055-019 150.00

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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 Exec. Dir. 1/15/04 805/623-8237
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Hilda M. McDONALD