2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State
02-04-2004 90120 001 ****61.25
02-04-2004 90120 002 *****8.75

DOCUMENT # 766106

1. Entity Name

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

MOORE CR2E037 (11/03)

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

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

MCDONALD, HILDA
6780 CAROLINE ST
MILTON FL 32570

7. Name and Address of New Registered Agent

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

SIGNATURE Hilda M. McDonald Hilda M. McDonald 1/27/04
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
Due By May 1, 2004

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MCDONALD, JACK 4651 HAMILTON BRIDGE RD. MILTON FL 32571	☐ Delete	LYNN OSWALD - D 6867 OAK St. Milton, Fl. 32570	☒ Change ☐ Addition Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ED MCDONALD, HILDA 6780 CAROLINE ST MILTON FL	☐ Delete	D- Greg Perry 7342 Copter Ln. Milton, Fl. 32570	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP GOLDEN, MARY H P.O. BOX 583 BAGDAD FL 32530	☐ Delete	D- DR. David Spencer 5800 Hermitage Cir. Milton, Fl. 32570	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S RICHARDSON, LORI P.O. BOX 909 MILTON FL 32572	☒ Delete	D- Wanda Thacker 6170 Pine Blossom Rd. Milton, Fl. 32570	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T RICHARDSON, LORI P.O. BOX 909 MILTON FL 32572	☒ Delete	D- Tony Thomsen 5302 Sewell Rd. Milton, Fl. 32570	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MORRIS, BETTY 307 W. PARK AVE. MILTON FL 32570	☐ Delete	D- Curtis A. Golden 6825 Curtis Golden Rd. Milton, Fl. 32583	☐ Change ☒ Addition

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 Hilda M. McDonald 1/27/04 850/623-8239
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #