2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2005 8:00 am
Secretary of State
02-16-2005 90035 011 ****61.25

DOCUMENT # 766106

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

50015840

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

01182005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	5194 ELMIRA STREET Suite, Apt. #, etc.
City & State	MILTON, FL City & State
Zip / Country	32570 / SANTA ROSA 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 6780 CAROLINE 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. 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, 2005

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	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WANDA THACKER 6170 PINE BLOSSOM ROAD MILTON, FL 32570	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ED MCDONALD, HILDA 6780 CAROLINE ST MILTON, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TONY THOMSEN 5302 SEWELL ROAD MILTON, FL 32570	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP GOLDEN, MARY H P.O. BOX 583 BAGDAD, FL 32530	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CURTIS A GOLDEN 6825 CURTIS GOLDEN ROAD MILTON, FL 32583	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PERRY, GREG 7342 COPTER LN MILTON, FL 32570	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SPENCER, DAVID DR 5800 HERMITAGE CIR MILTON, FL 32570	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MORRIS, BETTY 307 W. PARK AVE. MILTON, FL 32570	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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 Exec. Dir 1/18/05 850/623-8840
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Hilda M. McDonald