

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 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 6780 CAROLINE ST MILTON, FL 32570 US	Mailing Address 5194 ELMIRA STREET MILTON, FL 32570 US
--	--



04202006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-2253490 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent MCDONALD, HILDA 6780 CAROLINE ST MILTON, FL 32570
--

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

U00000531328
05/06/06-80037-011 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCDONALD, JACK 4651 HAMILTON BRIDGE RD. MILTON, FL 32571
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED MCDONALD, HILDA 6780 CAROLINE ST MILTON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GOLDEN, MARY H P.O. BOX 583 BAGDAD, FL 32530
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERRY, GREG 7342 COPTER LN MILTON, FL 32570
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPENCER, DAVID DR 5800 HERMITAGE CIR MILTON, FL 32570
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORRIS, BETTY 307 W. PARK AVE. MILTON, FL 32570

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 850/623-8840 4/21/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #