

FILE NOW: FILING FEE IS \$61.25

FILED

May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
----------------------------------------------------------	-----------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

DOCUMENT # **769157** (9)

1. Corporation Name

THE FLORIDA SILVER-HAIRED LEGISLATURE, INCORPORATED

Principal Place of Business

Mailing Address

**9455 KOGER BLVD.
STE. 200
ST. PETERSBURG FL 33703-2491
US**

**9455 KOGER BLVD.
STE. 200
ST. PETERSBURG FL 33703-2491
US**



3. Date Incorporated or Qualified

06/30/1983

4. FEI Number

59-2317512

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WINCHESTER, ROBERT D
11200 WALSINGHAM RD
#67A
LARGO FL 33778**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **VP M** ☐ DELETE
NAME **WINCHESTER, ROBERT**
STREET ADDRESS **11200 WALSINGHAM ROAD 67A**
CITY-ST-ZIP **LARGO FL**

TITLE **VP VD** ☐ DELETE
NAME **TREIMAN, MONROE TREIMAN, MONROE**
STREET ADDRESS **950 VILLAGE DRIVE**
CITY-ST-ZIP **BROOKSVILLE FL 34601**

TITLE **SB PD** ☐ DELETE
NAME **TAFFEL, BOBBE**
STREET ADDRESS **353 CAVALIER RD**
CITY-ST-ZIP **PALM SPRINGS FL 33461**

TITLE **TD** ☐ DELETE
NAME **ROBERTS, RAY**
STREET ADDRESS **435 GREEN TURTLE COVE**
CITY-ST-ZIP **SATELLITE BEACH FL 32937**

TITLE **D** ☐ DELETE
NAME **SCHWARZ, RALPH**
STREET ADDRESS **ONE JOHN ANDERSON, #703**
CITY-ST-ZIP **ORMOND BEACH FL 32176**

TITLE **SD** ☐ DELETE
NAME **OSCAR OLIVE, OSCAR**
STREET ADDRESS **4962 DOGWOOD DRIVE**
CITY-ST-ZIP **MARIANNA, FL 32446**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**SD OLIVE, OSCAR
4962 DOGWOOD DRIVE
MARIANNA, FL 32446**

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Ray O. Roberts**

Ray O. Roberts

Ray O. Roberts

4/29/98

407-777-5137

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Treasurer

Date

Daytime Phone # 0050730

CR2E037 (10/97)