

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**FILED**  
**Jul 19, 1999 8:00 am**  
**Secretary of State**

07-19-1999 90004 002 \*\*\*\*61.25



**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**

FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 769157**

1. Corporation Name

**THE FLORIDA SILVER-HAIRED LEGISLATURE, INCORPORATED**

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

06/30/1983

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-2317512

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

Added to Fees

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE VD ☒ DELETE  
NAME TREIMAN, M  
STREET ADDRESS 950 VILLAGE DRIVE  
CITY-ST-ZIP BROOKSVILLE FL 34601

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME TD BACH, ERNEST  
2.3 STREET ADDRESS 700 STARKEY RD. UNIT 365  
2.4 CITY-ST-ZIP LARGO, FL 33771

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

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME VD TAFFEL BOBBE  
3.3 STREET ADDRESS 353 CAVALIER RD  
3.4 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

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME PD ROBERTS, RAY  
4.3 STREET ADDRESS 435 GREEN TURTLE COVE  
4.4 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

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE SD ☒ DELETE  
NAME OLIVE, O  
STREET ADDRESS 4962 DOGWOOD DR  
CITY-ST-ZIP MARIANNA FL 32446

6.1 TITLE ☐ Change ☒ Addition  
6.2 NAME SD LEIGH, DAVID  
6.3 STREET ADDRESS 2226 C.R. 505  
6.4 CITY-ST-ZIP WILDWOOD, FL 34785

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, with all other like empowered.

SIGNATURE:

*Robert D Winchester*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/7/99 (727) 391-8743

Date

Daytime Phone #

CR2E037 (5/99)

0007390