

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 15, 2006 8:00 am**  
**Secretary of State**

02-15-2006 90053 041 \*\*\*150.00

**DOCUMENT # M66374**

1. Entity Name

**VALENCIA ESTATES SENIOR CITIZEN ORGANIZATION, INC.**



Principal Place of Business

**3325 US HWY 98 SOUTH #53  
LAKELAND FL 33803  
US**

Mailing Address

**3325 US HWY 98 SOUTH #53  
LAKELAND FL 33803  
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

**65-0134630**

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

**MARTIN, E. SNOW, JR.  
200 LAKE MORTON DRIVE  
LAKELAND FL 33801**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **BELEY, WARD**  
STREET ADDRESS **3325 HWY 98 S #63**  
CITY-ST-ZIP **LAKELAND FL 33803**

TITLE **VP** ☐ Delete  
NAME **SPICE, FRED**  
STREET ADDRESS **3325 HWY 98S # 41**  
CITY-ST-ZIP **LAKELAND FL 33803**

TITLE **T** ☐ Delete  
NAME **CHAPPELL, MARION**  
STREET ADDRESS **3325 US HWY 98 SOUTH #53**  
CITY-ST-ZIP **LAKELAND FL 33803**

TITLE **S** ☐ Delete  
NAME **BELEY, GLORIA**  
STREET ADDRESS **3325 US HWY 98 SOUTH #63**  
CITY-ST-ZIP **LAKELAND FL 33803**

TITLE **D** ☐ Delete  
NAME **ROWLANDS, WILLIAM**  
STREET ADDRESS **3325 US HWY 98 SOUTH #10**  
CITY-ST-ZIP **LAKELAND FL 33803**

TITLE **D** ☐ Delete  
NAME **CHAPPELL, GEORGE**  
STREET ADDRESS **3325 HWY 98 S# 53**  
CITY-ST-ZIP **LAKELAND FL 33803**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Change ☐ Addition  
NAME **DOLORES GRIFFITHS**  
STREET ADDRESS **3325 HWY. 98S- #69**  
CITY-ST-ZIP **LAKELAND, FL. 33803**

TITLE **D** ☐ Change ☐ Addition  
NAME **BETTY BOBACK**  
STREET ADDRESS **3325 HWY. 98S- #40**  
CITY-ST-ZIP **LAKELAND, FL. 33803**

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*M. Chappell*

*Feb. 1/06 (863) 668-5340*