FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 12 AM 12:27

DOCUMENT # **N09377** **(5)**

1. Corporation Name
FLORIDA RETIRED SENIOR VOLUNTEER PROGRAM DIRECTO RS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O ELSIE MAGUIRE 1164 E OAKLAND PARK 214 FT. LAUDERDALE FL 33334	C/O ELSIE MAGUIRE 1164 E OAKLAND PARK 214 FT. LAUDERDALE FL 33334

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/21/1985
3a. Date of Last Report: 04/21/1994
4. FEI Number: 59-2667371 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MAGUIRE, ELSIE RSVP PROJECT DIRECTOR
1164 E OAKLAND PK BLV 214
SUITE #214
FT. LAUDERDALE FL 33334-1436

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, 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	PD	11 TITLE	PD	☐ Change ☐ Addition
NAME	HANSON, JOAN	12 NAME	Hansen, Joan	
STREET ADDRESS	99 E MARKS STR, STE 100	13 STREET ADDRESS	99 E. Marks Ste. 100	
CITY-ST-ZIP	ORLANDO FL	14 CITY-ST-ZIP	Orlando, Fl	
TITLE	TD	21 TITLE	TD	☒ Change ☐ Addition
NAME	HODNETT, CAROL	22 NAME	Maguire, Anita	
STREET ADDRESS	PO BOX 368 NA	23 STREET ADDRESS	22119 Elmira Blvd., Suite 2	
CITY-ST-ZIP	STUART FL	24 CITY-ST-ZIP	Port Charlotte, FL	
TITLE	SD	31 TITLE	SD	☒ Change ☐ Addition
NAME	STERN, KAREN	32 NAME	Kathy Hall	
STREET ADDRESS	40 ORANGE STR, 2ND FLOOR	33 STREET ADDRESS	150 E. 1 st Street	
CITY-ST-ZIP	ST AUGUSTINE FL	34 CITY-ST-ZIP	Jacksonville, Fl 32206	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Joan S Hansen 3/6/95
SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR — Date
Joan Hansen, President — Daytime Phone #

0047481