FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

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

3. Date Incorporated or Qualified: 05/21/1985
3a. Date of Last Report: 04/12/1995

2. Principal Place of Business	2a. Mailing Address
21 % Joan S. Hansen	26 % Joan S. Hansen
Suite, Apt. #, etc. 22 99 E. Marks Street,	Suite, Apt. #, etc. 27 99 E. Marks St, #102
City & State 23 Orlando, FL 32803	City & State 28 Orlando, FL 32803
Zip / Country 24 / 25	Zip / Country 29 / 30

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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: Joan S. Hansen
82 Street Address (P.O. Box Number is Not Acceptable): 99 E. Marks Street, #102
83
84 City: Orlando FL 85 Zip Code: 32803

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: Joan S Hansen Pres. DATE: 3-19-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HANSON, JOAN 99 E MARKS STR, STE 102 ~~100~~ ORLANDO FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MAQUIRE, ANITA 22119 ELMIRA BLVD STE 2 PORT CHARLOTTE FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HALL, KATHY 150 E. FIRST ST. JACKSONVILLE FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (12/95)

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)(k), 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 — 3-19-96 — 4074221535
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #