

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25662

FILED
Feb 22, 2009
Secretary of State

Entity Name: NATIONAL SENIORS BENEVOLENT ASSOCIATION, INC.

Current Principal Place of Business:

1221 TURNER STREET
SUITE 106
CLEARWATER, FL 33756

New Principal Place of Business:

2057 RIDGECREST DRIVE
DUNEDIN, FL 34698 US

Current Mailing Address:

P.O. BOX 2332
DUNEDIN, FL 34698

New Mailing Address:

P.O. BOX 5014
CLEARWATER, FL 33578

FEI Number: 59-2904254

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ACKERLEY, OLIVER
1554 S. FT. HARRISON AVENUE
CLEARWATER, FL 33756 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BURR, F. J.,
Address: P.O. BOX 789
City-St-Zip: DUNEDIN, FL 34698

Title: STD () Delete
Name: TIERNEY, FLORENCE
Address: 1004-31 ISLAND WAY
City-St-Zip: CLEARWATER, FL 34630

Title: D () Delete
Name: MEYER, LASSIE,
Address: RT. 1 BOX 380-A SHANNON
City-St-Zip: COOKEVILLE, TN

Title: STD () Delete
Name: MASCHING, JANET
Address: 174 ARBOR DR. WEST
City-St-Zip: PALM HARBOR, FL 34683

Title: D () Delete
Name: KINTZEL, GREGORY
Address: 3048 EASTLAND BLVD C-105
City-St-Zip: CLEARWATER, FL 33761

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BURR, F. J.,
Address: P.O. BOX 5014
City-St-Zip: CLEARWATER, FL 33578 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: F. J. BURR

PD

02/22/2009

Electronic Signature of Signing Officer or Director

Date