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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # N29958

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| | SENIOR CENTER, | INO. | | | | | | |
|--|---|--------------------------------------|---|---|--|------------------------------|--|-------------------------------------|
| Principal Place of Business | | Mailing Address | | | . In hilled i first i | 1878 18110 FØIGI BIIDI I | IBU BIRU BIRU BERU BIRU | A RIGHT BARK INDI |
| 3015 HERRING AVE SEBRING FL 33870 | | 3015 HERRING AVE SEBRING FL 33870 | | | | | | |
| | | | | | 3. Date Incorporat 12/29/19 | ed or Qualified 88 | 3a. Date of Las 03/15/1 | |
| 2. Principal Place of Busines | SS | 2a. Mailing Address 26 | | | 4. FEI Number 59-2940 8 | 354 | | Applied For Not Applicable |
| Suite, Apt. #, etc. | | Suite, Apt #, etc. | | | 5. Certificate of St | atus Desired | 1 1 + | 5 Additional Required |
| City & State | | City & State | | | 6. Election Campa Trust Fund Con | | _□ \$5.0 | 00 May Be |
| Zip | Country 5 | Zip 29 | Goul 30 | ntry | 8. This corporation | has liability for in | tangible tax under s | ed to Fees . 199.032, |
| | and Address of Current R | | [30] | | Florida Statutes 10. Name and Add | | Yes No | |
| | | | | 81 Name | TV. Isalile and Ad | HARR OI MAM HE | Aletera Väeut | |
| SWENSON, J RICHA | BD | | | | | | | |
| 220 THRUSH AVE | | | 82 Street Add | | Address (P.O. Box Number | is Not Acceptable | 0) | |
| SEBRING FL 33872 | | | } | 83 | | | | |
| | | | | | | | | |
| | | | | 84 City | | | FL I I | p Code |
| Pursuant to the provision or registered agent, or be familiar with, and accept SIGNATURE: | oth, in the State of Florida the obligations of, Section | Such change was author | izea ny the c | orporation's | board of directors. I hereby | accept the appoi | ose of changing its ntment as registered | registered omd I agent. I am |
| Signature benefities | printed name of registered agent and | Uno d' secolo atrico | | | | | | |
| | | | | Agent signature re | squired when reinstatings | | DATE | |
| 2. | OFFICERS AND D | IRECTORS _ | 13. | | ADDITIONS/CH. | ANGES TO OFFIC | ERS AND DIRECTO | DRS IN 12 |
| 17LE D | | | 13. | LE | ADDITIONS/CH. | ANGES TO OFFIC | | DBS IN 12 |
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SIGNATURE: _

Mount Jums Jums Senature and typed on Printed Name of Signing Officer on Director & Contact Consult of Consult BAILER - 941 382 8188

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