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Apr 10 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N32628 (2)

1. Corporation Name

MIDDLEBURG SENIOR SERVICES, INC.

Principal Place of Business

Mailing Address

3913 SECTION STREET  
MIDDLEBURG FL 32068

3913 SECTION STREET  
MIDDLEBURG FL 32068-5159



3. Date Incorporated or Qualified  
06/02/1989

3a. Date of Last Report  
06/24/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number  
59-2955955

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

10. Name and Address of New Registered Agent

ALLEN, SARAH  
6007 COUNTRY RD 218  
MAXVILLE FL 32234

81 Name KARIN J. KUTZ  
82 Street Address (P.O. Box Number is Not Acceptable) 4771 ACACIA ST  
83  
84 City MIDDLEBURG FL 85 Zip Code 32068

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 Karin J. Kutz KARIN J. KUTZ Chairperson 3/20/97  
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	<input checked="" type="checkbox"/> DELETE
NAME	OCAIN, BILL	
STREET ADDRESS	2165 HILL RD	
CITY-ST-ZIP	MIDDLEBURG FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	GRAY, SHIRLEY P	
STREET ADDRESS	3627 SOUTHERN PINE DR	
CITY-ST-ZIP	MIDDLEBURG FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SZABO, JO ANNE	
STREET ADDRESS	992 LIVE OAK	
CITY-ST-ZIP	MIDDLEBURG FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JONES, VERA	
STREET ADDRESS	1764 DAVIDS PLACE	
CITY-ST-ZIP	MIDDLEBURG FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	ALLEN, SARAH	
STREET ADDRESS	6007 COUNTRY RD 218	
CITY-ST-ZIP	MAXVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	ED	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	KARIN J. KUTZ	
1.3 STREET ADDRESS	4771 ACACIA ST	
1.4 CITY-ST-ZIP	Middleburg FL 32068	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JONES, VERA	
2.3 STREET ADDRESS	1764 DAVIDS PLACE	
2.4 CITY-ST-ZIP	Middleburg FL 32068	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	STEINBRING, Maxine V.	
3.3 STREET ADDRESS	1973 Gentle Breeze Rd.	
3.4 CITY-ST-ZIP	Middleburg, FL 32068	
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	NREECE, Maxine	
4.3 STREET ADDRESS	3793 County Rd 218 E. Apt 15	
4.4 CITY-ST-ZIP	Middleburg FL 32068	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing 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: Karin J. Kutz 3/20/97 291 3630

CR2E037 (9/96)