

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N32628 ✓

1. Corporation Name

MIDDLEBURG SENIOR SERVICES, INC.

Principal Place of Business

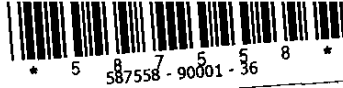
3916 SECTION ST  
MIDDLEBURG FL 32068  
US

Mailing Address

3916 SECTION ST  
MIDDLEBURG FL 32068  
US

FILED  
Jul 14, 1999 8:00 am  
Secretary of State

07-14-1999 90001 036 \*\*\*\*61.25



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

06/02/1989

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

9. Name and Address of Current Registered Agent

KUTZ, KARIN J  
4771 ACACIA ST.  
MIDDLEBURG FL 32068

10. Name and Address of New Registered Agent

81 Name Maxine V. Steinbring  
82 Street Address (P.O. Box Number is Not Acceptable)  
1973 Gentle Breeze Rd.  
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 *Maxine V. Steinbring*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

*July 8, 1999*

DATE

12. OFFICERS AND DIRECTORS

TITLE CD ☒ DELETE  
NAME KUTZ, KARIN J  
STREET ADDRESS 4771 ACACIA ST.  
CITY-ST-ZIP MIDDLEBURG FL

TITLE VD ☒ DELETE  
NAME JONES, VERA  
STREET ADDRESS 1764 DAVIDS PLACE  
CITY-ST-ZIP MIDDLEBURG FL

TITLE SD ☒ DELETE  
NAME STEINBRING, MAXINE V  
STREET ADDRESS 1973 GENTLE BREEZE RD.  
CITY-ST-ZIP MIDDLEBURG FL

TITLE TD ☒ DELETE  
NAME MENENDEZ, JOE  
STREET ADDRESS 1472 LONGHORN RD  
CITY-ST-ZIP MIDDLEBURG FL 32068

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CD ☒ Change ☐ Addition  
1.2 NAME Herndon, J. C.  
1.3 STREET ADDRESS 2441 Stonebridge Dr.  
1.4 CITY-ST-ZIP Orange Park, FL 32065

2.1 TITLE VD ☒ Change ☐ Addition  
2.2 NAME Charlie Harper  
2.3 STREET ADDRESS 3847 Forrest Dr.  
2.4 CITY-ST-ZIP Middleburg, FL 32068

3.1 TITLE SD ☒ Change ☐ Addition  
3.2 NAME Gordon, Margaret  
3.3 STREET ADDRESS 915 Branscomb Rd.  
3.4 CITY-ST-ZIP Green Cove Springs, FL 32043

4.1 TITLE TD ☒ Change ☐ Addition  
4.2 NAME Steinbring, Maxine V.  
4.3 STREET ADDRESS 1973 Gentle Breeze Rd.  
4.4 CITY-ST-ZIP Middleburg, FL 32068

5.1 TITLE ☒ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

*Maxine V. Steinbring*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*July 8, 1999* 904-282-7501  
Date Daytime Phone #