

**NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90009 027 ****70.00

DOCUMENT # **N32628**

1. Entity Name
MIDDLEBURG SENIOR SERVICES, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3916 SECTION ST.
Suite, Apt. #, etc.

3. Mailing Address
3916 SECTION ST.
Suite, Apt. #, etc.

City & State
MIDDLEBURG FL.
Zip
32068 Country
CLAY

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MIDDLEBURG FL
Zip
32068 Country
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4. FEI Number
592955955
Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name
EDITH T. CARLIE

Street Address (P.O. Box Number is Not Acceptable)
2384 HAWPERNS WAY

City
MIDDLEBURG FL Zip Code
32068

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended AR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P. MARGARET HERNDON
2441 STONE BRIDGE
ORANGE PARK, FL 32065

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
✓ PIRA G. KITTS
4651 HEDGEHOG ST.
MIDDLEBURG, FL. 32068

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S SARA G. AULEN
6007 COUNTY RD - 218C
MAXWELL, FL 32234

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
EDITH T. CARLIE
2384 HAWPERNS WAY
MIDDLEBURG, FL 32068

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. 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 report or supplemental 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 10 or on an attachment with an address, with or without the employee.

SIGNATURE: **Edith T. Carlie**

03/21/06. 904-291-3662