

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2007 8:00 am
Secretary of State

02-07-2007 90051 036 ****61.25

DOCUMENT # N32628

1. Entity Name

MIDDLEBURG SENIOR SERVICES, INC.



Principal Place of Business

Mailing Address

3916 SECTION ST
MIDDLEBURG FL 32068
US

3916 SECTION ST
MIDDLEBURG FL 32068
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E037 (10/06)

Zip

Country

Zip

Country

4. FEI Number

59-2955955

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARLIE, EDITH T
2384 HALPERNS WAY
MIDDLEBURG FL 32068

Name **DEBORAH R. HALL**

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

2081 MALLARD RD.

City **MIDDLEBURG**

FL

Zip Code **32068**

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 Deborah R. Hall **DEBORAH R. HALL TREASURER** **1/30/07**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **KITTS, IRA G**
CITY-STATE-ZIP **4657 HEDGEHOG ST
MIDDLEBURG FL 32068**

TITLE ☒ Change ☐ Addition
NAME **PRESIDENT**
STREET ADDRESS **MARGARET HERNDON**
CITY-STATE-ZIP **267 ASTER BLVD.
MIDDLEBURG, FL 32068**

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **ALLEN, SARA G**
CITY-STATE-ZIP **6007 COUNTRY RD., 28C
MAXWELL FL 32234**

TITLE ☒ Change ☐ Addition
NAME **VICE PRESIDENT**
STREET ADDRESS **IRA KITTS**
CITY-STATE-ZIP **4651 HEDGEHOG ST.
MIDDLEBURG, FL 32068**

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **HERNDON, MARGARET**
CITY-STATE-ZIP **2441 SYONE BRIDGE
ORANGE PARK FL 32065**

TITLE ☒ Change ☐ Addition
NAME **SECRETARY**
STREET ADDRESS **MARY GASKINS**
CITY-STATE-ZIP **477 KINGSWOOD AVE.
ORANGE PARK, FL 32065**

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **CARLIE, EDITH T**
CITY-STATE-ZIP **2384 HAUPETINS WAY
MIDDLEBURG FL 32068**

TITLE ☒ Change ☐ Addition
NAME **TREASURER**
STREET ADDRESS **DEBORAH R. HALL**
CITY-STATE-ZIP **2081 MALLARD RD.
MIDDLEBURG, FL 32068**

TITLE ☐ Delete
NAME **CO**
STREET ADDRESS **KACZMAR, JOHN**
CITY-STATE-ZIP **2443 VIOLA ST
MIDDLEBURG FL 32068**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME **TD**
STREET ADDRESS **ALLEN, SARA G**
CITY-STATE-ZIP **6007 CAY RD 218
JACKSONVILLE FL 32234**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Deborah R. Hall **DEBORAH R. HALL Treasurer** **1/30/07** **904-291-4036**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #