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95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **N42420** **(2)**

1. Corporation Name

HOLLEY-NAVARRE SENIORS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
8475 GORDON GOODIN LANE NAVARRE FL 32566	P O BOX 5413 NAVARRE FL 32566 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/08/1991
3a. Date of Last Report: 04/14/1994
4. FEI Number: 59-3069431 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

HARLEY, WALTER
3537 BOB TOLBERT ROAD
NAVARRE FL 32566

10. Name and Address of New Registered Agent

81 Name: ANITA G THOMAS JR. PRES
82 Street Address (P.O. Box Number is Not Acceptable): 8218 NEVADA ST
83: NAVARRE FLA
84 City: " " FL 85 Zip Code: 32566

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Anita G Thomas "President" May 1 1995
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	1.1 TITLE	PD	PRESIDENT, ANITA G THOMAS, JR. 8218 NEVADA ST NAVARRE 32566 ☒ Change ☐ Addition
NAME	* MICK, RUDY	1.2 NAME		
STREET ADDRESS	9077 SUNSET DR	1.3 STREET ADDRESS		
CITY-ST-ZIP	NAVARRE FL	1.4 CITY-ST-ZIP		
TITLE	DT	2.1 TITLE	DT	RUSSELL J. WILBY 1940 PRESIDIO ST NAVARRE, FL 32526 ☒ Change ☐ Addition
NAME	HARLEY, NEL	2.2 NAME		
STREET ADDRESS	3537 BOB TOLBERT RD	2.3 STREET ADDRESS		
CITY-ST-ZIP	NAVARRE FL	2.4 CITY-ST-ZIP		
TITLE	SD	3.1 TITLE	SD	SECRETARY VIRGINIA M. BROWN 3849 HWY 87 Navarre FL 32566 ☒ Change ☐ Addition
NAME	MCMURPHY, NAN	3.2 NAME		
STREET ADDRESS	8455 NAVARRE PKY	3.3 STREET ADDRESS		
CITY-ST-ZIP	NAVARRE FL	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Anita G Thomas, Jr. President 4-18-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

Daytime Phone # 1-904-939-4769

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