

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000004649 (8)

1. Corporation Name

PUBLIC EMPLOYEES BENEVOLENT ASSOCIATION INC.



Principal Place of Business

2761 KIMBERLY DR.
DELTONA FL 32738

Mailing Address

2761 KIMBERLY DR.
DELTONA FL 32738

3. Date Incorporated or Qualified
09/27/1995

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

☒ 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

BENIZZI, CARIDAD
2761 KIMBERLY DR.
DELTONA FL 32738

81 Name

CARIDAD BENIZZI

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

2761 KIMBERLY DRIVE

83

DELTONA, FL

84 City

FL

85

Zip Code

32738

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

Caridad Benizzi President/Business Agent

4/17/96

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	BENIZZI, CARIDAD	
STREET ADDRESS	2761 KIMBERLY DR.	
CITY - ST - ZIP	DELTONA FL 32738	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CACIOPPO, SALVATORE	
STREET ADDRESS	762 TUMBLEBROOK DR.	
CITY - ST - ZIP	PORT ORANGE FL 32127	
TITLE	S	<input type="checkbox"/> DELETE
NAME	LOWELL, CAROLYN	
STREET ADDRESS	2932 GASLIGHT DR.	
CITY - ST - ZIP	SOUTH DAYTONA FL 32119	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SALVATORE, DOLORES	
STREET ADDRESS	1385 AZORA DR.	
CITY - ST - ZIP	DELTONA FL 32725	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BENIZZI, CARIDAD	<input checked="" type="checkbox"/>
1.3 STREET ADDRESS	2761 Kimberly Drive	
1.4 CITY - ST - ZIP	DELTONA, FL 32738	
2.1 TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CACIOPPO SALVATORE	<input checked="" type="checkbox"/>
2.3 STREET ADDRESS	762 TUMBLEBROOK DR.	
2.4 CITY - ST - ZIP	PORT ORANGE, FL 32127	
3.1 TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	LOWELL, CAROLYN	
3.3 STREET ADDRESS	2932 GASLIGHT DRIVE	
3.4 CITY - ST - ZIP	SOUTH DAYTONA, FL 32119	
4.1 TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SALVATORE, DOLORES	<input checked="" type="checkbox"/>
4.3 STREET ADDRESS	1385 AZORA DRIVE	
4.4 CITY - ST - ZIP	DELTONA, FL 32725	
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		

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***70.00

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)(k), 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:

Caridad Benizzi President/Business Agent

Date

Daytime Phone #

4/17/96 789-2237

CR2E037 (12/95)