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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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	Mailing Address
2761 KIMBERLY DR. DELTONA FL 32738	2761 KIMBERLY DR. DELTONA FL 32738-2416

3. Date Incorporated or Qualified: 09/27/1995
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21: 2761 Kimberly Dr.
22: Suite, Apt. #, etc.
23: City & State: Deltona, Fl
24: Zip: 32738
25: Country: Volusia

2a. Mailing Address
26: 2761 Kimberly Dr.
27: Suite, Apt. #, etc.
28: City & State: Deltona, Fl 32738-2416
29: Zip: 32738
30: Country: Volusia

4. FEI Number: APPLIED FOR — RE ☒ 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

BENIZZI, CARIDAD
2761 KIMBERLY DR.
DELTONA FL 32738

10. Name and Address of New Registered Agent

81 Name: Caridad Benizzi
82 Street Address (P.O. Box Number is Not Acceptable): 2761 Kimberly Dr.
83: Deltona, Fl.
84 City: Deltona, 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: BENIZZI, CARIDAD - REGISTERED AGENT — Caridad Benizzi — DATE: 2/25/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P/D	☐ DELETE	1.1 TITLE	P/D	☐ Change ☐ Addition
NAME	BENIZZI, CARIDAD		1.2 NAME	Benizzi, Caridad	
STREET ADDRESS	2761 KIMBERLY DR.		1.3 STREET ADDRESS	2761 Kimberly Dr.	
CITY-ST-ZIP	DELTONA FL 32738		1.4 CITY-ST-ZIP	Deltona, Fl. 32738	
TITLE	V/D	☐ DELETE	2.1 TITLE	V/D	☐ Change ☐ Addition
NAME	CACIOPPO, SALVATORE		2.2 NAME	Cacioppo, Salvatore	
STREET ADDRESS	762 TUMBLEBROOK DR.		2.3 STREET ADDRESS	762 Tumblebrook Dr.	
CITY-ST-ZIP	PORT ORANGE FL 32127		2.4 CITY-ST-ZIP	Port Orange, Fl 32127	
TITLE	S	☐ DELETE	3.1 TITLE	S	☐ Change ☐ Addition
NAME	LOWELL, CAROLYN		3.2 NAME	Lowell, Carolyn	
STREET ADDRESS	2932 GASLIGHT DR.		3.3 STREET ADDRESS	2932 Gaslight Dr.	
CITY-ST-ZIP	SOUTH DAYTONA FL 32119		3.4 CITY-ST-ZIP	South Daytona, Fl. 32119	
TITLE	T/D	☐ DELETE	4.1 TITLE	T/D	☐ Change ☐ Addition
NAME	SALVATORE, DOLORES		4.2 NAME	Salvatore, Dolores	
STREET ADDRESS	1385 AZORA DR.		4.3 STREET ADDRESS	1385 Azora Dr.	
CITY-ST-ZIP	DELTONA FL 32725		4.4 CITY-ST-ZIP	Deltona, Fl. 32725	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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.

SIGNATURE: BENIZZI CARIDAD P/D Caridad Benizzi 2/25/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0013966