

FILE NOW: FILING FEE IS \$61.25

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Jun 25 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000004649 (8)**
1. Corporation Name

PUBLIC EMPLOYEES BENEVOLENT ASSOCIATION INC.

Principal Place of Business	Mailing Address
2761 KIMBERLY DR. DELTONA FL 32738 US	2761 KIMBERLY DR. DELTONA FL 32738

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

3. Date Incorporated or Qualified

09/27/1995

4. FEI Number

APPLIED FOR

☒ 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. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No **N/A**

9. Name and Address of Current Registered Agent

**CARIDAD BENIZZI
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	
84 City	DELTONA
85 Zip Code	FL 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

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

(NOTE: Registered Agent signature required when resigning)

5/1/98

DATE

12. OFFICERS AND DIRECTORS

TITLE	P/D	<input type="checkbox"/> DELETE
NAME	BENIZZI, CARIDAD	
STREET ADDRESS	2761 KIMBERLY DR.	
CITY - ST - ZIP	DELTONA FL 32738	
TITLE	V/D	<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/D	<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/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BENIZZI, CARIDAD	
1.3 STREET ADDRESS	2761 KIMBERLY DR.	
1.4 CITY - ST - ZIP	DELTONA, FL 32738	
2.1 TITLE	V/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CACIOPPO, SALVATORE	
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 DR.	
3.4 CITY - ST - ZIP	SOUTH DAYTONA, FL 32119	
4.1 TITLE	T/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SALVATORE DOLORES	
4.3 STREET ADDRESS	1385 AZORA DR.	
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		

14. 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 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** **5/1/98 (904) 789-2237**

CR2E037 (10/97)