

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90136 021 \*\*\*\*61.25

**DOCUMENT # N97000003347**

1. Entity Name

**SOUTHEAST BENEVOLENT AND MANAGEMENT ASSOCIATION, INC.**



Principal Place of Business  
**6423 HAMILTON BRIDGE ROAD  
MILTON FL 32570**

Mailing Address  
**6423 HAMILTON BRIDGE ROAD  
MILTON FL 32570**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3620714**

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

**JOHNSON, EDWIN M  
6423 HAMILTON BRIDGE ROAD  
MILTON FL 32570**

Name

**Charles W. Boyd**

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

**6020 Kingswood Drive**

City

**Milton**

FL

Zip Code

**32570**

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

*Charles W. Boyd*

**Charles W. Boyd, Pres.**

**04/14/03**

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**

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	DP	<input checked="" type="checkbox"/> Delete
NAME	<b>JOHNSON, EDWIN M</b>	
STREET ADDRESS	<b>6423 HAMILTON BRIDGE ROAD</b>	
CITY-ST-ZIP	<b>MILTON FL 32570</b>	
TITLE	DV	<input type="checkbox"/> Delete
NAME	<b>GUNTON, JOHN C</b>	
STREET ADDRESS	<b>6622 HINOTE STREET</b>	
CITY-ST-ZIP	<b>MILTON FL 32570</b>	
TITLE	ST	<input type="checkbox"/> Delete
NAME	<b>MAYHEW, MARILYN L</b>	
STREET ADDRESS	<b>5265 DEL MONTE ST.</b>	
CITY-ST-ZIP	<b>MILTON FL 32583</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>REDMOND, ROGER J</b>	
STREET ADDRESS	<b>7128 WOLFETEVER DRIVE</b>	
CITY-ST-ZIP	<b>HARRISON TN 37341</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>JOHNSON, RICHARD S</b>	
STREET ADDRESS	<b>6232 WEEKLY STREET</b>	
CITY-ST-ZIP	<b>MILTON FL 32570</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>JOHNSON, JIMMY L</b>	
STREET ADDRESS	<b>4380 PONDEROSA DRIVE</b>	
CITY-ST-ZIP	<b>MILTON FL 32583</b>	

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Charles W. Boyd</b>	
STREET ADDRESS	<b>6020 Kingswood Drive</b>	
CITY-ST-ZIP	<b>Milton FL 32570</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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:

*Marilyn L. Mayhew*

**Marilyn L. Mayhew**

**04/14/03**

CR2E037 (10/02)