2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2009
Secretary of State

DOCUMENT# 741555

Entity Name: NORTH PORT SENIOR CENTER, INC.

Current Principal Place of Business:

4940 N. PAN AMERICAN BLVD.
NORTH PORT, FL 34287 US

New Principal Place of Business:

Current Mailing Address:

4940 N. PAN AMERICAN BLVD.
NORTH PORT, FL 34290 US

New Mailing Address:

P.O. BOX 7113.
NORTH PORT, FL 34290 US

FEI Number: 59-1934386 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HAMILTON, WILLIAM
1609 LANSDALE AVE
NORTH PORT, FL 34286 US

Name and Address of New Registered Agent:

NEGRI, PETER J PRES.
4066 HOLIN LANE
NORTH PORT, FL 34287 US

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.

SIGNATURE: PETER J. NEGRI 03/16/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: HAMILTON, WILLIAM
Address: 1609 LANSDALE AVE
City-St-Zip: NORTH PORT, FL 34286

Title: VP ( ) Delete
Name: NEGRI, PETER
Address: 4066 HOLIN LANE
City-St-Zip: NORTH PORT, FL 34287

Title: S ( ) Delete
Name: ALTHEA, HUGHES
Address: 4361 MONGITE RP
City-St-Zip: NORTH PORT, FL 34287

Title: T ( ) Delete
Name: MILLER, BETTIE J
Address: 5044 KINGSLEY ROAD
City-St-Zip: NORTH PORT, FL 34287

Title: D ( ) Delete
Name: KNOPE, BESS
Address: 3273 BISCAYNE DRIVE S
City-St-Zip: NORTH PORT, FL 34287

Title: D ( ) Delete
Name: BENVENTO, MARILYN
Address: 3751 N. GIBLIN DRIVE
City-St-Zip: NORTH PORT, FL 34286

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: NEGRI, PETER J PRES.
Address: 4066 HOLIN LANE
City-St-Zip: NORTH PORT, FL 34287

Title: VP (X) Change ( ) Addition
Name: HAMILTON, WILLIAM
Address: 1609 LANSDALE AVE.
City-St-Zip: NORTH PORT, FL 34286

Title: S (X) Change ( ) Addition
Name: SLATER, NANCY
Address: 6231 TALBOT ST.
City-St-Zip: NORTH PORT, FL 34287

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER J. NEGRI PRES 03/16/2009
Electronic Signature of Signing Officer or Director Date