

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741555

FILED
Mar 01, 2010
Secretary of State

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:

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

New Mailing Address:

FEI Number: 59-1934386

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: PETER J. NEGRI

PRES

03/01/2010

Electronic Signature of Signing Officer or Director

Date