

DOCUMENT # 766148

1. Entity Name

SENIOR FRIENDSHIP CENTERS OF AMERICA, INC.

Principal Place of Business

1635 4TH STREET
SARASOTA FL 34236

Mailing Address

1635 4TH STREET
SARASOTA FL 34236

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2240042

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GEENEN, WILLIAM J.
1635 4TH ST.,
SARASOTA FL 34236

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

SIGNATURE

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
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME GEENEN, WILLIAM J
STREET ADDRESS 1635 4TH ST
CITY-ST-ZIP SARASOTA, FL 00000 ☐ Delete

TITLE SD
NAME COOK, JOHN F ESQ
STREET ADDRESS 330 S ORANGE AVE
CITY-ST-ZIP SARASOTA, FL 00000.34236 ☐ Delete

TITLE TD
NAME FERRIS, ROBERT
STREET ADDRESS 2389 RINGLING BLVD
CITY-ST-ZIP SARASOTA, FL 00000 ☐ Delete

TITLE VD
NAME PUST, MOLLEEN
STREET ADDRESS 1977 CLEMATIS ST
CITY-ST-ZIP SARASOTA, FL 00000 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 1635 4th Street
CITY-ST-ZIP SARASOTA FL 34236 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 13, 2001 8:00 am
Secretary of State

01-13-2001 90061 047 ****70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

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