2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006
Secretary of State

DOCUMENT# 766148

Entity Name: SENIOR FRIENDSHIP CENTERS OF AMERICA, INC.

Current Principal Place of Business:

1635 4TH STREET
SARASOTA, FL 34236

New Principal Place of Business:

Current Mailing Address:

1635 4TH STREET
SARASOTA, FL 34236

New Mailing Address:

FEI Number: 59-2240042 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GEENEN, WILLIAM J.
1635 4TH ST.,
SARASOTA, FL 34236 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: PD ( ) Delete
Name: GEENEN, WILLIAM J,
Address: 1635 4TH ST
City-St-Zip: SARASOTA, FL 00000,

Title: SD ( ) Delete
Name: COOK, JOHN F ESQ
Address: 2033 WOOD ST STE 220
City-St-Zip: SARASOTA, FL 34237

Title: TD ( ) Delete
Name: FERRIS, ROBERT,
Address: 2389 RINGLING BLVD
City-St-Zip: SARASOTA, FL 00000,

Title: VD ( ) Delete
Name: PUST, MOLLEEN,
Address: 1635 4TH STREET
City-St-Zip: SARASOTA, FL 34236

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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: MOLLEEN PUST VD 05/02/2006

Electronic Signature of Signing Officer or Director — Date