2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006
Secretary of State

DOCUMENT# N00000003994

Entity Name: THE SENIOR LIFE FOUNDATION, INC.

Current Principal Place of Business:

P. O. BOX 28222
JACKSONVILLE, FL 32226

New Principal Place of Business:

9745 HOOD ROAD
JACKSONVILLE, FL 32257

Current Mailing Address:

P. O. BOX 28222
JACKSONVILLE, FL 32226

New Mailing Address:

P. O. BOX 57443
JACKSONVILLE, FL 32241

FEI Number: 59-3666641 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOYER, TYRIE A
210 E FORSYTH ST
JACKSONVILLE, FL 32202 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: TD ( ) Delete
Name: TERBRUEGGEN, MARI F
Address: 9745 HOOD ROAD
City-St-Zip: JACKSONVILLE, FL 32257

Title: PD ( ) Delete
Name: JENNINGS, CLYDE
Address: 319 W 70TH ST
City-St-Zip: JACKSONVILLE, FL 32208

Title: VD ( ) Delete
Name: BOYER, TYRIE A
Address: 210 E FORSYTH ST
City-St-Zip: JACKSONVILLE, FL 32211

Title: D ( ) Delete
Name: DIXON, FRANCES
Address: 460 W 70TH ST
City-St-Zip: JACKSONVILLE, FL 32209

Title: D ( ) Delete
Name: SMITH, BETTY
Address: 8911 LOPEZ COURT
City-St-Zip: JACKSONVILLE, FL 32216

Title: D ( ) Delete
Name: BRINSON, BOB
Address: 5036 JAMMES ROAD
City-St-Zip: JACKSONVILLE, FL 32210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: TERBRUEGGEN, MARI F
Address: 9745 HOOD ROAD
City-St-Zip: JACKSONVILLE, FL 32257

Title: TD (X) Change ( ) Addition
Name: CHESTNUT, HELEN R
Address: 13842 KETCH COVE DRIVE
City-St-Zip: JACKSONVILLE, FL 32224

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

Title: D (X) Change ( ) Addition
Name: LUDLOW, JEAN
Address: 9252 SAN JOSE BLVD UNIT 3101
City-St-Zip: JACKSONVILLE, FL 32257

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

Title: D (X) Change ( ) Addition
Name: JENNINGS, CLYDE
Address: 319 WEST 70TH STREET
City-St-Zip: JACKSONVILLE, FL 32208

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: MARI F. TERBRUEGGEN PD 04/07/2006
Electronic Signature of Signing Officer or Director — Date