2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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FILED
Apr 13, 2006 8:00 am
Secretary of State
04-03-2006 90369 034 ****61.61

DOCUMENT # N46752

1. Entity Name

PORT SAINT JOHN SENIOR'S INC.

Principal Place of Business	Mailing Address
PORT ST. JOHN SENIORS, INC. P.O. BOX 10084 PORT ST. JOHN FL 32927	4275 FAY BIL PORT SAINT JOHN FL 32927

1st MOORE CR2E037 (10/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number NO-T APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
O'HARA, ROSE 4275 FAY BLV PORT ST. JOHNS FL 32927	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Rose O'Hara Gene O'Hara 04-10-06
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
Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GLENSOR, LARRY 5420 FRIENDLY ST PORT ST. JOHN FL 32927	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P O'HARA, ROSE 4275 FAY BLVD PORT ST. JOHN FL 32927	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition Martin Sullivan 961 Kaufman St. Port St. John 32927
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BARNETT, CHARLES 4580 FAY BLVD COCOA FL 32927	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KRUEGER, MARK 5045 MAYFLOWER ST. COCOA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition Sec. Helen K. Hoover 7190 Pluto Ave. Port St. John Fl 32927
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BLAKLEY, GLENDA 6170 JANINA RD PORT SAINT JOHN FL 32927	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ~~BARNETT, J~~EAN ~~4580 FAY BL~~VD ~~COCOA FL 32927~~	☐ Delete	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 exemptions contained in Section 119, 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: Gene O'Hara 04-10-06 321-631-4034
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #