

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90387 031 ****61.25

DOCUMENT # N46752 1. Entity Name PORT SAINT JOHN SENIOR'S INC.	
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Principal Place of Business PORT ST. JOHN SENIORS, INC. P.O. BOX 10084 PORT ST. JOHN FL 32927	Mailing Address 4275 FAY BLV PORT SAINT JOHN FL 32927
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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1st MOORE CR2E037 (10/06)

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 O'HARA, ROSE 4275 FAY BLV PORT ST. JOHNS FL 32927	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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* DATE 4-20-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D GLENSOR, LARRY 5420 FRIENDLY ST PORT ST. JOHN FL 32927 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P O'HARA, ROSE 4275 FAY BLVD PORT ST. JOHN FL 32927 ☒ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P MARTIN SWILLIN 6280 AINSWORTH RD PORT ST JOHN FL 32927 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP BARNETT, CHARLES 4580 FAY BLVD COCOA FL 32927 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D KRUEGER, MARK 5045 MAYFLOWER ST. COCOA FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	T BLAKLEY, GLENDA 6170 JANINA RD PORT SAINT JOHN FL 32927 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	S HOOVER, HELEN K 7190 PLUTO AVE PORT ST. JOHN FL 32927 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-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: *Rose O'Hara* DATE 4-20-07 321.631.4034
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR