2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2009
Secretary of State

DOCUMENT# N46752

Entity Name: PORT SAINT JOHN SENIOR'S INC.

Current Principal Place of Business:

6280 AINSWORTH RD
PORT ST. JOHN, FL 32927

New Principal Place of Business:

Current Mailing Address:

4275 FAY BIL
PORT SAINT JOHN, FL 32927

New Mailing Address:

6280 AINSWORTH RD
PORT ST. JOHN, FL 32927

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SULLIVAN, MARTIN
6280 AINSOWORTH RD
PORT ST. JOHN, FL 32927 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: D ( ) Delete
Name: GLENSOR, LARRY
Address: 5420 FRIENDLY ST
City-St-Zip: PORT ST. JOHN, FL 32927

Title: P ( ) Delete
Name: SULLIVAN, MARTIN
Address: 6280 SINSWORTH RD
City-St-Zip: PORT ST. JOHN, FL 32927

Title: VP ( ) Delete
Name: BARNETT, CHARLES
Address: 4580 FAY BLVD
City-St-Zip: COCOA, FL 32927

Title: D ( ) Delete
Name: CRAMER, RALPH
Address: 7064 HOLLY AVE
City-St-Zip: COCOA, FL 32927

Title: T ( ) Delete
Name: BLAKLEY, GLENDA
Address: 6170 JANINA RD
City-St-Zip: PORT SAINT JOHN, FL 32927

Title: S (X) Delete
Name: HOOVER, HELEN K
Address: 7190 PLUTO AVE
City-St-Zip: PORT ST. JOHN, FL 32927

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: SULLIVAN, MARTIN H
Address: 6280 AINSWORTH RD
City-St-Zip: PORT ST. JOHN, FL 32927

Title: VP (X) Change ( ) Addition
Name: BIGOS, EDWARD
Address: 6027 CARDIFF AVE
City-St-Zip: PORT ST. JOHN, FL 32927

Title: SEC (X) Change ( ) Addition
Name: CLAYTON, ANNE
Address: 2890 DEMARET
City-St-Zip: TITUSVILE, FL 32780

Title: TRE (X) Change ( ) Addition
Name: SULLIVAN, BRIGITTE M
Address: 6280 AINSWORTH RD
City-St-Zip: COCOA, FL 32927

Title: O (X) Change ( ) Addition
Name: BLAKLEY, GLENDA
Address: 6170 JANINA RD
City-St-Zip: PORT SAINT JOHN, FL 32927

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

I hereby certify that the information supplied with this filing does not qualify 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: MARTIN H SULLIVAN P 04/17/2009

Electronic Signature of Signing Officer or Director — Date