

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 01, 1999 8:00 am
Secretary of State

05-01-1999 90093 044 ****61.25

DOCUMENT # N98000006010

1. Corporation Name

SENIORS FIRST FOUNDATION, INC.

Principal Place of Business

5395 L.B. MCLEOD RD.
ORLANDO FL 32811

Mailing Address

5395 L.B. MCLEOD RD.
ORLANDO FL 32811



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

10/20/1998

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

CASORIA, EDWARD JR.
2153 LEE RD.
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

X
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D
STREET ADDRESS BEATTIE, KATHY
CITY-ST-ZIP 114 OAK LEAF LANE
ORLANDO FL 32803

TITLE ☐ DELETE

NAME D
STREET ADDRESS BURKE, NORMAN F
CITY-ST-ZIP P. O. BOX 2026
WINTER PARK FL 32790-2026

TITLE ☐ DELETE

NAME D
STREET ADDRESS CASORIA, EDWARD JR.
CITY-ST-ZIP 2153 LEE RD.
WINTER PARK FL 32789

TITLE ☐ DELETE

NAME D
STREET ADDRESS GAY, JOHN L
CITY-ST-ZIP 200 PASADENA PLACE
ORLANDO FL 32803

TITLE ☐ DELETE

NAME D
STREET ADDRESS HAWKINS, WALTER G
CITY-ST-ZIP 400 S. ORANGE AVE.
ORLANDO FL 32801

TITLE ☐ DELETE

NAME D
STREET ADDRESS SAUER, MARGARET M
CITY-ST-ZIP 908 ALMOND TREE CIR.
ORLANDO FL 32835

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME D
1.3 STREET ADDRESS SUE SPITZ
1.4 CITY-ST-ZIP 4056 Waterview Loop
Winter Park, FL 32792 ☐ Change ☒ Addition

2.1 TITLE D

2.2 NAME Dennis Freytes
2.3 STREET ADDRESS 3369 Amaca Circle
2.4 CITY-ST-ZIP Orlando, FL 32837 ☐ Change ☒ Addition

3.1 TITLE D

3.2 NAME Mary Cozart
3.3 STREET ADDRESS 13661 Blue Water Circle
3.4 CITY-ST-ZIP Orlando, FL 32828 ☐ Change ☒ Addition

4.1 TITLE D

4.2 NAME James "Budd" Conyers
4.3 STREET ADDRESS 2001 W. Oak Ridge Rd.
4.4 CITY-ST-ZIP Orlando, FL 32837 ☐ Change ☒ Addition

5.1 TITLE D

5.2 NAME Larry Bacon
5.3 STREET ADDRESS 1901 Linden Blvd.
5.4 CITY-ST-ZIP Winter Park, FL 32792 ☐ Change ☒ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99 (407) 292-0177

Date

Daytime Phone #

87245

CR2E037 (11/98)