

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **N44613** (0)

95 JUN -8 AM 9:36

1. Corporation Name
SENIOR AFFAIRS FOUNDATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
36508 SR 54 W. ZEPHYRHILLS FL 33541		36508 SR 54 W. ZEPHYRHILLS FL 33541	
2. Principal Place of Business	2a. Mailing Address		
21 5343 6 th Street	26 P.O. Box 38		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
22	27		
City & State	City & State		
23 Zephyrhills FL	28 Zephyrhills FL		
Zip	Country	Zip	Country
24 33541	25 PASCO	29 33541	30 PASCO

3. Date Incorporated or Qualified	3a. Date of Last Report
08/09/1991	07/15/1994
4. FEI Number	Applied For
59-3073657	Not Applicable
5. Certificate of Status Desired	\$0.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	\$68.75 Supplemental Fee Not Required
<input checked="" type="checkbox"/>	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

VANSAHT, HOWARD M.
36508 SR 54 W.
ZEPHYRHILLS FL 33541

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	VD
NAME	CARVER, JOYCE
STREET ADDRESS	38105 13TH AVE.
CITY-ST-ZIP	ZEPHYRHILLS FL 33541
TITLE	VD
NAME	VANSANT, LINDA
STREET ADDRESS	7932 FORT KING RD.
CITY-ST-ZIP	ZEPHYRHILLS FL 33541
TITLE	D
NAME	BURROWS, GRACE
STREET ADDRESS	5437 NINETH ST.
CITY-ST-ZIP	ZEPHYRHILLS FL 33540
TITLE	D
NAME	NOLLER, KATHY
STREET ADDRESS	212 HOLIDAY AVE.
CITY-ST-ZIP	HOLLANDALE FL 33009
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Director
4.3 STREET ADDRESS	SARA Matthews
4.4 CITY-ST-ZIP	17860 B Jamestown Way Lutz FL 33549
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Linda Vansant Director 3-3-95 788-0222 ⁸¹³

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #