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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # **N44613** **(0)**

1. Corporation Name

SENIOR AFFAIRS FOUNDATION, INC.

Principal Place of Business	Mailing Address
5343 6TH ST ZEPHRYHILLS FL 33541 US	P OBOX 38 ZEPHRYHILLS FL 33539-0038 US

3. Date Incorporated or Qualified: **08/09/1991**
3a. Date of Last Report: **06/19/1996**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: **59-3073657** ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ 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 **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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	☐ DELETE	1.1 TI	☐ Change ☐ Addition
NAME	CARVER, JOYCE		1.2 NA E	
STREET ADDRESS	38105 13TH AVE.		1.3 ST ET ADDRESS	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541		1.4 CI ST-ZIP	
TITLE	VD	☐ DELETE	2.1 TI	☐ Change ☐ Addition
NAME	VANSANT, LINDA		2.2 NA	
STREET ADDRESS	7932 FORT KING RD.		2.3 ST T ADDRESS	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541		2.4 C ST-ZIP	
TITLE	D	☐ DELETE	3.1 TI	☐ Change ☐ Addition
NAME	BURROWS, GRACE		3.2 NA	
STREET ADDRESS	5437 NINETH ST.		3.3 S ADDRESS	
CITY-ST-ZIP	ZEPHYRHILLS FL 33540		3.4 ST-ZIP	
TITLE		☐ DELETE	4.1 T	☐ Change ☐ Addition
NAME			4.2	
STREET ADDRESS			4.3 S ADDRESS	
CITY-ST-ZIP			ZIP	
TITLE		☐ DELETE	5.1 T	☐ Change ☐ Addition
NAME			5.2 N	
STREET ADDRESS			5.3 S ADDRESS	
CITY-ST-ZIP			5.4 C T-ZIP	
TITLE		☐ DELETE	6.1 T	☐ Change ☐ Addition
NAME			6.2 N	
STREET ADDRESS			6.3 S ADDRESS	
CITY-ST-ZIP			6.4 C ST-ZIP	

CR2E037 (9/96)

14. I do 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.

SIGNATURE: Linda Vansant Director 1-10-97 352 588-4527
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0045706