

AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # N44613

(0)

1. Corporation Name

SENIOR AFFAIRS FOUNDATION, INC.

FILED

98 NOV 20 PM 12:35

SECRETARY OF STATE



Principal Place of Business

Mailing Address

5343 6TH ST  
ZEPHYRHILLS FL 33541  
US

P OBOX 38  
ZEPHYRHILLS FL 33541  
US

3. Date Incorporated or Qualified

08/09/1991

4. FEI Number

59-3073657

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 38105 13TH AVENUE

26 38105 13TH AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 ZEPHYRHILLS, FLA.

27 ZEPHYRHILLS, FLA.

City & State

City & State

23 33541

US

28 33541

Zip

Country

Zip

Country

24 PASCO

30 PASCO

9. Name and Address of Current Registered Agent

VANSAHT, HOWARD M.  
36538 SR 54 W.  
ZEPHYRHILLS FL 33541

10. Name and Address of New Registered Agent

81 Name

JOYCE HOPE CARVER

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

38105 13 TH AVE.

83 ZEPHYRHILLS, FLA. 33541

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: *Joyce Hope Carver*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

NOV. 18, 1998  
DATE

12. OFFICERS AND DIRECTORS

TITLE VD  
NAME CARVER, JOYCE  
STREET ADDRESS 38105 13TH AVE.  
CITY-ST-ZIP ZEPHYRHILLS FL 33541  
☒ DELETE

TITLE VD  
NAME VANSANT, LINDA  
STREET ADDRESS 7932 FORT KING RD.  
CITY-ST-ZIP ZEPHYRHILLS FL 33541  
☒ DELETE

TITLE D  
NAME BURROWS, GRACE  
STREET ADDRESS 5437 NINETH ST.  
CITY-ST-ZIP ZEPHYRHILLS FL 33540  
☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VD  
1.2 NAME DAVID C. OSBORNE  
1.3 STREET ADDRESS 607 S. ALEXANDER ST.  
1.4 CITY-ST-ZIP PLANT CITY, FLA. 33566  
Change ☒ Addition

2.1 TITLE D  
2.2 NAME ALTON CARVER  
2.3 STREET ADDRESS 35018 DOLPHIN LAKE DR.  
2.4 CITY-ST-ZIP ZEPHYRHILLS, FLA. 33541  
Change ☒ Addition

3.1 TITLE D  
3.2 NAME GRACE BURROWS  
3.3 STREET ADDRESS 5441 6TH STREET  
3.4 CITY-ST-ZIP ZEPHYRHILLS, FLA. 33541  
Change ☒ Addition

4.1 TITLE EXEC. DIR.  
4.2 NAME ERICA LEIGH CARVER  
4.3 STREET ADDRESS 35018 DOLPHIN LAKE DR.  
4.4 CITY-ST-ZIP ZEPHYRHILLS, FLA. 33541  
Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
Change ☐ Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/98)