

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

FILED

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DOCUMENT # N44613 (0)

1. Corporation Name SENIOR AFFAIRS FOUNDATION, INC. REINSTATEMENT



Principal Place of Business 5343 6TH ST ZEPHYRHILLS FL 33541 US Mailing Address P OBOX 38 ZEPHYRHILLS FL 33541 US

3. Date Incorporated or Qualified 08/09/1991 4. FEI Number 59-3073657 Applied For Not Applicable

2. Principal Place of Business 21 38105 13TH AVENUE Suite, Apt. #, etc. 22 ZEPHYRHILLS, FLA. City & State 23 33541 US 24 Zip Country 25 PASCO 26 38105 13TH AVENUE Suite, Apt. #, etc. 27 ZEPHYRHILLS, FLA. City & State 28 33541 US 29 Zip Country 30 PASCO

5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution \$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

9. Name and Address of Current Registered Agent VANSANT, 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) DATE: Nov. 18, 1998

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows include Carver, Joyce; Vansant, Linda; Burrows, Grace; and a blank row with a 'REINSTATEMENT' stamp.

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows include David C. Osborne; Dalton Carver; Grace Burrows; Erica Leigh Carver.

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: Joyce Hope Carver Date: Oct 20, 1998 Daytime Phone #

0014470

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