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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 728784

1. Corporation Name
SENIOR FRIENDSHIP CENTERS, INC.

Principal Place of Business 1888 BROTHER GEENEN WAY SARASOTA FL 34236 US	Mailing Address 1888 BROTHER GEENEN WAY SARASOTA FL 34236 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 02/11/1973 2/11/1974
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1522614 Applied For <input checked="" type="checkbox"/> Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip 29	Country 30	

9. Name and Address of Current Registered Agent

PUST, MOLLEEN
1977 CLEMATIS STREET
SARASOTA FL 34239

10. Name and Address of New Registered Agent

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

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

TITLE	CD	<input type="checkbox"/> DELETE
NAME	SCHERSTEN, KATHERINE	
STREET ADDRESS	4693 GLEBE FARM ROAD	
CITY-ST-ZIP	SARASOTA FL 34235	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SEIDER, WILLIAM	
STREET ADDRESS	4552 CAMINO REAL	
CITY-ST-ZIP	SARASOTA FL 34241	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	PUST, MOLLEEN	
STREET ADDRESS	1977 CLEMATIS ST.	
CITY-ST-ZIP	SARASOTA, FL 00000	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ATKINS, GWENDOLYN M	
STREET ADDRESS	2415 N TUTTLE AVE	
CITY-ST-ZIP	SARASOTA FL 34234	
TITLE	VTD	<input checked="" type="checkbox"/> DELETE
NAME	KRUPP, CHARLES	
STREET ADDRESS	1635 FOURTH ST	
CITY-ST-ZIP	SARASOTA FL	
TITLE		<input type="checkbox"/> DELETE
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	TD
3.3 STREET ADDRESS	KRUPP, CHARLES
3.4 CITY-ST-ZIP	1635 FOURTH ST. SARASOTA, FL 34236
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	VTD
5.3 STREET ADDRESS	REDENTA PICAZIO
5.4 CITY-ST-ZIP	120 BAYVIEW DRIVE NOKOMIS, FL 34275
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 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: Charles Krupp **SIGNATURE REQUIRED** Charles Krupp (941) 957-3949
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)