## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED May 26, 2005 8:00 am Secretary of State

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DOCUMENT # 728784  1. Entity Name SENIOR FRIENDSHIP CENTERS, INC.					C	)4-27-2005	5 90278 (	050 ****7	0.00	
•	e of Business HER GEENEN WAY FL 34236 US	Mailing Address 1888 BROTHER GEENEN SARASOTA, FL 34236	I WAY US		66019			BIBFI BIB71 BIB71 B18		
2. Principal Place of Business 3. Ma		3. Mailing Address	Mailing Address							
Suite, Apt. #, etc. S		Suite, Apt. #, etc.	Suite, Apt. #, etc.		05232005 <sub>C</sub>	hg-NP	CR2E	037 (10/03)		
City & Stat	е	City & State	Lity & State		4. FEI Number 59-15226	14		<del> </del>	plied For at Applicable	
Zip	Country	Zip	Country		5. Certificate of S	tatus Desired	<b>₫</b>	\$8.75 Add Fee Require		
	6. Name and Address of Current	Registered Agent			7. Name and Add	dress of New	Registered	d Agent		
CARTER, ROBERT J				Name						
	THER GEENEN WAY A, FL 34236		Street Ad	dress (I	ess (P.O. Box Number is Not Acceptable)					
			City					Zip Cod	<b>A</b>	
							F	<u> </u>		
	named entity submits this statement for tions of registered agent.	or the purpose of changing its re	egistered office or	register	ed agent, or both, ir	the State of F	florida. I an	n familiar with,	and accept	
SIGNATURE	Signature, typed or printed hame of registered agent	and title if applicable. (NOTE:	Registered Agent signatur	re required	when reinstating)	<del></del>	DATE			
SIGNATURE	Signature, typed or printed name of registered agent		Registered Agent signatur	re required	when reinstating)		DATE		<del></del>	
	Signature, typed or printed name of registered agent Filling Fee is \$61.25 ue by September 7, 2005	and title if applicable. (NOTE:  9. Election Camp Trust Fund Co	paign Financing	re required	when reinstating) \$5.00 May Be Added to Fees		Make che	ck payable t		
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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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KOULL, WEMEN SANATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert L. Wenzel Vice Chairman 5/23/05

Daytime Phone # (941) 953-777