


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-27-2005 90278 050 ****70.00

DOCUMENT # 728784					
1. Entity 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		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-1522614	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CARTER, ROBERT J 1888 BROTHER GEENEN WAY SARASOTA, FL 34236				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 7, 2005			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees
			Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	TD	<input type="checkbox"/> Delete		TITLE	VC
NAME	WENZEL, ROBERT			NAME	Wenzel, Robert
STREET ADDRESS	630 OWL WAY			STREET ADDRESS	630 Owl Way
CITY-ST-ZIP	SARASOTA, FL 34236			CITY-ST-ZIP	Sarasota, FL 34236
TITLE	CD	<input checked="" type="checkbox"/> Delete		TITLE	C
NAME	BOYER, EDWIN			NAME	Collins, Judy
STREET ADDRESS	2503 89TH STREET, NW			STREET ADDRESS	461 Bayshore Drive
CITY-ST-ZIP	BRADENTON, FL 34209			CITY-ST-ZIP	Venice, FL 34285
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	S
NAME	BEEBE, RICHARD			NAME	Dent, Kathy
STREET ADDRESS	420 BAYSHORE DRIVE			STREET ADDRESS	660 Golden Gate Pt #62
CITY-ST-ZIP	VENICE, FL 34285			CITY-ST-ZIP	Sarasota, FL 34236
TITLE	SD	<input checked="" type="checkbox"/> Delete		TITLE	T
NAME	BENNETT, JOAN			NAME	Listrom, Anthony
STREET ADDRESS	2525 COLONY TERR.			STREET ADDRESS	2289 Royal Lane
CITY-ST-ZIP	SARASOTA, FL 34239			CITY-ST-ZIP	Naples, FL 34112
TITLE	D	<input type="checkbox"/> Delete		TITLE	
NAME	BUETTNER, LINDA			NAME	
STREET ADDRESS	10501 FCGU BLVD. S.			STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS, FL 33965			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	
NAME	CHUSID, PAULINE			NAME	
STREET ADDRESS	24 FALCONWOOD CT.			STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS, FL 33919			CITY-ST-ZIP	
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.					
SIGNATURE: <u>Robert L. Wenzel</u>				Robert L. Wenzel Vice Chairman 5/23/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	

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Daytime Phone # (941) 953-7777