

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728784

FILED  
Jan 25, 2007  
Secretary of State

Entity Name: SENIOR FRIENDSHIP CENTERS, INC.

**Current Principal Place of Business:**

1888 BROTHER GEENEN WAY  
SARASOTA, FL 34236 US

**New Principal Place of Business:**

**Current Mailing Address:**

1888 BROTHER GEENEN WAY  
SARASOTA, FL 34236 US

**New Mailing Address:**

FEI Number: 59-1522614

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

CARTER, ROBERT J  
3237 GOLDEN EAGLE LANE  
SARASOTA, FL 34231 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VC ( ) Delete  
Name: WENZEL, ROBERT  
Address: 630 OWL WAY  
City-St-Zip: SARASOTA, FL 34236

Title: C ( ) Delete  
Name: COLLINS, JUDY  
Address: 461 BAYSHORE DRIVE  
City-St-Zip: VENICE, FL 34285

Title: S ( ) Delete  
Name: DENT, KATHY  
Address: 660 GOLDEN GATE POINT, #62  
City-St-Zip: SARASOTA, FL 34236

Title: T ( ) Delete  
Name: LISTROM, ANTHONY  
Address: 5320 BERKELEY DRIVE  
City-St-Zip: NAPLES, FL 34112

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: C (X) Change ( ) Addition  
Name: WENZEL, ROBERT  
Address: 630 OWL WAY  
City-St-Zip: SARASOTA, FL 34236

Title: VC (X) Change ( ) Addition  
Name: JACKSON, MARY ALICE  
Address: 46 N. WASHINGTON AVE  
City-St-Zip: SARASOTA, FL 34232

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: CARROL, MARY FRAN  
Address: 5605 KILMORY WAY  
City-St-Zip: SARASOTA, FL 34238 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT L. WENZEL

C

01/25/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date