

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728784

FILED
Jun 15, 2009
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)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

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

Title: T () Delete
Name: HALSEY, DARRIN
Address: 9082 LIVERPOOL RD
City-St-Zip: ARCADIA, FL 34269 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VC (X) Change () Addition
Name: SLOAN, ALAN
Address: 3746 TORREY PINES BLVD
City-St-Zip: SARASOTA, FL 34238 US

Title: S (X) Change () Addition
Name: SCHRANZ, GLORIA
Address: 1219 YACHT HARBOR DRIVE
City-St-Zip: OSPREY, FL 34229 US

Title: T (X) Change () Addition
Name: HALSEY, DARRIN
Address: 9082 SW LIVERPOOL RD
City-St-Zip: ARCADIA, FL 34269 US

I hereby certify that the information supplied with this filing does not qualify 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: MARY ALICE JACKSON

C

06/15/2009

Electronic Signature of Signing Officer or Director

_____ Date