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Apr 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 732665 (5)

1. Corporation Name
FLORIDA SENIOR PROGRAMS, INC.



Principal Place of Business 7500 SILVER STAR ROAD ORLANDO FL 32818-4702	Mailing Address 7500 SILVER STAR ROAD ORLANDO FL 32818-4702
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 05/05/1975	3a. Date of Last Report 02/06/1996
4. FEI Number 59-1626348		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No					

9. Name and Address of Current Registered Agent SARCHET, CORBIN M III 55 E WASHINGTON STREET #10-1 S. ORANGE AVE #301 ORLANDO FL 32801				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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14. 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	
12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE ☐ DELETE NAME D KIME, CHARLES STREET ADDRESS 7031 HIAWASSEE OAKS DRIVE CITY-ST-ZIP ORLANDO FL 2.1 TITLE ☐ DELETE NAME VPD ALDAY, STANLEY STREET ADDRESS P.O. BOX 7446 N/A CITY-ST-ZIP ORLANDO FL 3.1 TITLE ☐ DELETE NAME PD SARCHET, CORBIN M, III STREET ADDRESS 55 E WASHINGTON #10-1 S. ORANGE AVE #301 CITY-ST-ZIP ORLANDO FL 4.1 TITLE ☒ DELETE NAME ST SNELLINGS, JAMES STREET ADDRESS 2052 COUNTRYSIDE CIRCLE CITY-ST-ZIP ORLANDO FL 5.1 TITLE ☒ DELETE NAME D GAGNON, GERALD STREET ADDRESS 4376 BENEDICTINE CIR CITY-ST-ZIP ORLANDO FL 6.1 TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	1.1 TITLE ☐ Change ☒ Addition NAME Secretary/Treasurer Gillespie, Catherine STREET ADDRESS 3782 Gatlin Place Circle CITY-ST-ZIP Orlando, FL 32812 2.1 TITLE ☐ Change ☒ Addition NAME Director Nadrowski, Connie STREET ADDRESS 1250 S Hwy 17-92 CITY-ST-ZIP Longwood, FL 32750 3.1 TITLE ☐ Change ☒ Addition NAME Director Hurlebaus, Connie STREET ADDRESS 7921 Plantation Dr CITY-ST-ZIP Orlando, FL 32810 4.1 TITLE ☐ Change ☒ Addition NAME Director Gurtis, Beverly S. STREET ADDRESS 601 E Rollins St CITY-ST-ZIP Orlando, FL 32803 5.1 TITLE ☒ Change ☐ Addition NAME Chairman, Board Sarchet, Corbin M. III STREET ADDRESS 1 S. Orange Ave. #301 CITY-ST-ZIP Orlando, FL 32801 6.1 TITLE ☐ Change ☐ Addition NAME Vice-Chairman, Board Alday, Stanley STREET ADDRESS P.O. Box 7446 N/A CITY-ST-ZIP Orlando, FL 32854

14. I do 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.

SIGNATURE: *[Signature]* Corbin M. Sarchet, III 407-298-1180

CR2E037 (9/96)