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Jan 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 732665 (5)

1. Corporation Name
FLORIDA SENIOR PROGRAMS, INC.

Principal Place of Business	Mailing Address
7500 SILVER STAR ROAD ORLANDO FL 32818-4702	7500 SILVER STAR ROAD ORLANDO FL 32818-4702

3. Date Incorporated or Qualified: 05/05/1975

4. FEI Number: 59-1626348 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 7400 Laurel Hill Oaks Circle	26 7400 Laurel Hill Oaks Circle
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Orlando, FL	City & State 28 Orlando, FL
Zip 24 32818 Country 25 US	Zip 29 32818 Country 30 US

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SARCHET, CORBIN M III
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

11. 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	S T D	☐ Change ☒ Addition
NAME	KIME, CHARLES		1.2 NAME	Gillespie, Catherine	
STREET ADDRESS	7031 HIAWASSEE OAKS DRIVE		1.3 STREET ADDRESS	3782 Gatlin Place Circle	
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP	Orlando, FL 32812	
TITLE	VPD	☐ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	ALDAY, STANLEY		2.2 NAME	Sommella, Charles	
STREET ADDRESS	P.O. BOX 7446 N/A		2.3 STREET ADDRESS	1017 Princess Gate Blvd.	
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP	Winter Park, FL 32792	
TITLE	PD	☐ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	SARCHET, CORBIN M, III		3.2 NAME	Thompson, Lonnie A.	
STREET ADDRESS	1 S ORANGE AVE, #301		3.3 STREET ADDRESS	4063 N. Goldenrod #208	
CITY-ST-ZIP	ORLANDO FL		3.4 CITY-ST-ZIP	Winter Park, FL 32792	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	NADROWSKI, CONNIE		4.2 NAME		
STREET ADDRESS	1250 S HWY 17-92		4.3 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL		4.4 CITY-ST-ZIP		
TITLE	~~D~~	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	~~HURLEBAUS, CONNIE~~		5.2 NAME		
STREET ADDRESS	~~7921 PLANTATION DR~~		5.3 STREET ADDRESS		
CITY-ST-ZIP	~~ORLANDO FL~~		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	GURTIS, BEVERLY S		6.2 NAME		
STREET ADDRESS	601 E ROLLINS ST		6.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. 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 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: Corbin M. Sarchet, III SIGNATURE REQUIRED Corbin M. Sarchet, III 407-298-4180