2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005 08:00 AM
Secretary of State

DOCUMENT # 732665

1. Entity Name
FLORIDA SENIOR PROGRAMS, INC.

Principal Place of Business	Mailing Address
7400 LAUREL HILL OAKS CIRCLE ORLANDO, FL 32818 US	7400 LAUREL HILL OAKS CIRCLE ORLANDO, FL 32818 US

DO NOT WRITE IN THIS SPACE

03102005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-1626348

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GILLESPIE, CATHERINE
2022 SUNSET ROAD
MOUNT DORA, FL 32757

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

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS
TITLE	D
NAME	ARTHURS, CAROLE
STREET ADDRESS	607-609 EXECUTIVE DR.
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	VPD
NAME	ALDAY, STANLEY
STREET ADDRESS	P.O. BOX 7446 N/A
CITY-ST-ZIP	ORLANDO, FL
TITLE	STD
NAME	THOMPSON, LONNIE
STREET ADDRESS	128 E. COLONIAL DR.
CITY-ST-ZIP	ORLANDO, FL 32818
TITLE	D
NAME	NADROWSKI, CONNIE
STREET ADDRESS	1250 S HWY 17-92
CITY-ST-ZIP	LONGWOOD, FL
TITLE	PD
NAME	GILLESPIE, CATHERINE
STREET ADDRESS	2022 SUNSET ROAD
CITY-ST-ZIP	MOUNT DORA, FL 32757
TITLE	D
NAME	JOHNSON, OREE
STREET ADDRESS	7057 COUPERIN BLVD.
CITY-ST-ZIP	ORLANDO, FL 32818

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04/06/05-80053-019 70.00

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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: Cathie C. Gillespie 3/15/05 407-298-4180
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #