2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2006 8:00 am
Secretary of State
02-08-2006 90008 011 ****70.00

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

02022006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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	7. Name and Address of New Registered Agent
GILLESPIE, CATHERINE 2022 SUNSET ROAD MOUNT DORA, FL 32757	Name LONNIE THOMPSON Street Address (P.O. Box Number is Not Acceptable) 435 N. ORANGE AVE #400 City ORLANDO FL Zip Code 32801

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 LONNIE THOMPSON 2/6/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ARTHURS, CAROLE 607-609 EXECUTIVE DR. WINTER PARK, FL 32789	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD JAMES BROWER 4015 WHITTINGTON DR. ORLANDO FL 32817	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD ALDAY, STANLEY P.O. BOX 7446 N/A ORLANDO, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD ROB BRIDGER 5655 S. ORANGE AVE ORLANDO FL 32809	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD THOMPSON, LONNIE 128 E. COLONIAL DR. ORLANDO, FL 32818	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD THOMPSON, LONNIE 435 N. ORANGE AVE. #400 ORLANDO FL 32801	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NADROWSKI, CONNIE 1250 S HWY 17-92 LONGWOOD, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAVID BLACKLOCK 135 W. CENTRAL BLVD, STE. 1150 ORLANDO FL 32801	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GILLESPIE, CATHERINE 2022 SUNSET ROAD MOUNT DORA, FL 32757	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KATHLEEN REUTER 425 N. ORANGE AVE #120 ORLANDO FL 32801	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHNSON, OREE 7057 COUPERIN BLVD. ORLANDO, FL 32818	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LINDA SANOS 5940 YUCATAN DR. ORLANDO FL 32807	☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: LONNIE THOMPSON 2/6/06 407-836-4898
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #