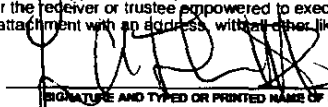


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90062 022 ****70.00

DOCUMENT # 732665 1. Entity Name FLORIDA SENIOR PROGRAMS, INC.					
Principal Place of Business 7400 LAUREL HILL OAKS CIRCLE ORLANDO, FL 32818 US			Mailing Address 7400 LAUREL HILL OAKS CIRCLE ORLANDO, FL 32818 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		 01292007 Chg-NP CR2E037 (12/06)	
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 THOMPSON, LONNIE 435 N ORANGE AVE SUITE 400 ORLANDO, FL 32801				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)					
Filing Fee is \$61.25 Due by May 1, 2007		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	STO BRUWER, JAMES 4015 WHITTINGTON DR. ORLANDO FL 32817
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BRIDGER, RUB 5655 S ORANGE AVE SUITE 400 ORLANDO, FL 32801	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BRIDGER, ROB 7000 LAKE ELLENDOR DR. ORLANDO FL 32809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THOMPSON, LONNIE 435 N ORANGE BLVD SUITE 400 ORLANDO, FL 32801	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NANCY ELLIS 14562 GAINESBORO DR. ORLANDO FL 32826
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLACKLOCK, DAVID 135 W CENTRAL BLVD SUITE 1150 ORLANDO, FL 32801	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TERRY GIRLEY 1350 VICKERS LAKE DR. ORLANDO FL 34761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REUTER, KATHLEEN 425 N ORANGE AVE SUITE 120 ORLANDO, FL 32801	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORRIS RASHY 508 RIVERA DR. ALTAIR SPRINGS FL 32701
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 SANDS 5940 YUCATAN DR. ORLANDO FL 32807
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 feeder 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, without other like empowered.					
SIGNATURE:  LONNIE THOMPSON 407-836-4806					