2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 29, 2008 8:00 am
Secretary of State
02-29-2008 90016 012 ****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

02082008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	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

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 reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

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	STD BROWER, JAMES ~~4015 WHITTINGTON DR~~ ORLANDO, FL 32817	☐ Delete	STD JAMES BROWER 10639 BUCK RD ORLANDO FL 32817	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD BRIDGER, ROB 7000 LAKE ELLENOR DR ORLANDO, FL 32809	☐ Delete	D NANCY ELLIS 14562 GAINESBOROUGH DR ORLANDO FL 32836	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD THOMPSON, LONNIE 435 N ORANGE BLVD SUITE 400 ORLANDO, FL 32801	☐ Delete	D PAULETTE GELLER 545 BROOKSIDE CR. MAITLAND FL 32751	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BLACKLOCK, DAVID 135 W CENTRAL BLVD SUITE 1150 ORLANDO, FL 32801	☒ Delete	D JERRY GIRLEY PO BOX 280 OCOEE FL 34761	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RASHY, MORRIS 508 RIVERA DR ALTAMONTE SPRINGS, FL 32701	☒ Delete	D ALAN GRAYSON 8419 OAK PARK RD ORLANDO FL 32819	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SANDS, LINDA 5940 YUCATAN DR ORLANDO, FL 32807	☐ Delete		☐ 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: _____ 2/26/08 407 298-4180
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #