2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2012
Secretary of State

DOCUMENT# 732665

Entity Name: FLORIDA SENIOR PROGRAMS, INC.

Current Principal Place of Business:

3545 LAKE BREEZE DRIVE
ORLANDO, FL 32808 US

New Principal Place of Business:

Current Mailing Address:

3545 LAKE BREEZE DRIVE
ORLANDO, FL 32808 US

New Mailing Address:

FEI Number: 59-1626348 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

THOMPSON, LONNIE
1218 CARVELL DRIVE
WINTER PARK, FL 32792 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: STD
Name: RASHY, MORRIS
Address: 508 RIVIERA DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: VPD
Name: BRIDGER, ROB
Address: 407 MAIN TR.
City-St-Zip: ORMOND BEACH, FL 32714

Title: PD
Name: THOMPSON, LONNIE
Address: 1218 CARVELL DRIVE
City-St-Zip: WINTER PARK, FL 32792

Title: D
Name: VALERIE, ODOM
Address: 2462 GRAND POPLAR
City-St-Zip: OCOEE, FL 34761

Title: D
Name: GELLER, PAULETTE
Address: 545 BROOKSIDE CIR
City-St-Zip: MAITLAND, FL 32751

Title: D
Name: CORSI, NINA
Address: 495 N. KELLER RD., STE. 200
City-St-Zip: MAITLAND, FL 32751

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LONNIE THOMPSON PD 02/09/2012

Electronic Signature of Signing Officer or Director Date