


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90127 033 ****61.25

DOCUMENT # 737188 1. Entity Name SENIOR CONNECTIONS OF SOUTHWEST FLORIDA, INC.			
Principal Place of Business 475 COWBOY WAY P.O. BOX 2400 LA BELLE, FL 33975-2400 US		Mailing Address 475 COWBOY WAY P.O. BOX 2400 LA BELLE, FL 33975-2400 US	
2. Principal Place of Business 475 E. Cowboy Way Suite, Apt. #, etc.		3. Mailing Address P.O. Box 2400 Suite, Apt. #, etc.	
City & State LaBelle, FL Zip 33935		City & State LaBelle, FL Zip 33975	
Country US		Country US	
4. FEI Number 59-1741198		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GULLEY, MELINDA S 475 E. COWBOY WAY LABELLE, FL 33975-2400		7. Name and Address of New Registered Agent Name Christine Nolan Street Address (P.O. Box Number is Not Acceptable) 475 E. Cowboy Way City LaBelle FL Zip Code 33935	
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 CHRISTINE Nolan <i>Christine Nolan</i> 4-5-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			
TITLE	D HOWARD, SETH 5522 FRONTIER CIRCLE LABELLE, FL 33935	<input checked="" type="checkbox"/> Delete	
TITLE	VD WAGNON, MILLARD 2230 WAYLIFE CT ALVA, FL 33920	<input type="checkbox"/> Delete	
TITLE	SD LOUKONEN, JOANNE P O BOX 1990 IMMOKALEE, FL 34143	<input checked="" type="checkbox"/> Delete	
TITLE	PD DUSCHEN, ANN MARIE 6 MARINA DRIVE LABELLE, FL 33935	<input checked="" type="checkbox"/> Delete	
TITLE	D NOBLES, GERALDINE 620 FT THOMPSON AVE LABELLE, FL 33935	<input checked="" type="checkbox"/> Delete	
TITLE	D PROUTY, MARY RUTH 625 BRYAN AVE LABELLE, FL 33935	<input type="checkbox"/> Delete	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	V/D Raymond T. Holland P.O. Box 5325 Immokalee, FL 34143	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	T/D Mary Giddens P.O. Box 328 LaBelle, FL 33975	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE	C/D John Hoffman P.O. Box 2164 Immokalee, FL 34143	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE	D Steve Polhemus P.O. Box 2188 LaBelle, FL 33975	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 4-7-06 <small>Daytime Phone #</small>	