## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # 767525

1. Entity Name

ļ	FORT MYERS SENIOR CENT	en INC.					
Principal Place of Business 5170 ORANGE GROVE BLVD. NORTH FORT MYERS FL 33903		Mailing Address 5170 ORANGE GROVE BL NORTH FORT MYERS FL					
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2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<b>-</b>	CHECK HERE IF MAI	KING CHANGES	•
City & Sta	210	07.1.0				THING OF ANGLO	·-
Only & Glate		City & State		4. FEI Number 59-2382625 Applied For Not Applicable			
Zip	Country	Zip	Country	5. Certificate of St	atus Desired	\$8.75 Ad	ditional
	6. Name and Address of Curren	t Registered Agent	<del> </del>		ress of New Registe	Fee Require	ed .
			Name	7. Name and Add	iess of New Hegiste	red Agent	
	R, GEORGE		Street Address		Not Acceptable)		~
	E 40TH ST Oral FL 33904		****			<del></del> "	
CAPE C	UNAL PL 33904						
			City			FL Zip Cod	
<ol><li>The above the obligation</li></ol>	e named entity submits this statement for ations of registered agent.	or the purpose of changing its	registered office or regi	stered agent, or both, in	the State of Florida. I	am familiar with,	and accept
	anana an again.						
SIGNATURE							
	Signature, typed or printed name of registered agent	t and title if applicable. (NOTI	E: Registered Agent signature red	uired when reinstating)	DA	ATE	
FILE NOW: FEE IS \$61.25			9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State		
		Trust Fund C	Contribution.				
10.	OFFICERS AND DI		Contribution.	Added to Fees	Florida De	partment of S	State
TITLE	VP .				Florida De	partment of S	State
TITLE NAME	VP CHERNICK, MARGARET	RECTORS	11. TITLE NAME	Added to Fees	Florida De	DIRECTORS IN	State
TITLE	VP CHERNICK, MARGARET 1431 SE 34TH ST	RECTORS	11.	Added to Fees	Florida De	DIRECTORS IN	State
TITLE NAME STREET ADDRESS	VP CHERNICK, MARGARET	RECTORS	11. TITLE NAME STREET ADDRESS	Added to Fees	Florida De	partment of \$ DIRECTORS IN Change	State  10  Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	VP CHERNICK, MARGARET 1431 SE 34TH ST CAPE CORAL FL 33904 SD LIBBY, SILVIA	RECTORS Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Added to Fees	Florida De	DIRECTORS IN	State
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	VP CHERNICK, MARGARET 1431 SE 34TH ST CAPE CORAL FL 33904 SD LIBBY, SILVIA 1746 HANSON STREET	RECTORS Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Added to Fees	Florida De	partment of \$ DIRECTORS IN Change	State  10  Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	VP CHERNICK, MARGARET 1431 SE 34TH ST CAPE CORAL FL 33904 SD LIBBY, SILVIA 1746 HANSON STREET FORT MYERS FL 33901	RECTORS Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE	Added to Fees ADDITIONS/CHANGE	Florida De	partment of \$ DIRECTORS IN Change	State  10  Addition
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**FILED** Feb 10, 2003 8:00 am § Secretary of State

02-10-2003 90229 042 \*\*\*\*61.25

CITY-ST-ZIP CAPE CORAL FL 33991 CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

239-656-7760