2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 20, 2004
Secretary of State

DOCUMENT# F03000004513

Entity Name: SENIOR ENTERPRISES OF FLAGLER, INCORPORATED

Current Principal Place of Business:

44 PENNSYLVANIA LN
PALM COAST, FL 32164

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 54
FLAGLER BEACH, FL 32136

New Mailing Address:

FEI Number: 31-1618784 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RICCA, NANCY JO
44 PENNSYLVANIA LN
PALM COAST, FL 32164 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:	PC	( ) Delete
Name:	RICCA, NANCY JO	
Address:	P.O. BOX 54	
City-St-Zip:	FLAGLER BEACH, FL 32136	
Title:	VPVC	( ) Delete
Name:	SHAFER, SHARON	
Address:	P.O. BOX 351180	
City-St-Zip:	PALM COAST, FL 32135	
Title:	T	( ) Delete
Name:	SHAFER, SHARON	
Address:	P.O. BOX 351180	
City-St-Zip:	PALM COAST, FL 32135	
Title:	SD	( ) Delete
Name:	BROCK, DOUGLAS	
Address:	P.O. BOX 1535	
City-St-Zip:	FLAGLER BEACH, FL 32135	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: NANCY JO RICCA PC 07/20/2004

Electronic Signature of Signing Officer or Director — Date