

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000002567

**FILED**  
**Apr 25, 2012**  
**Secretary of State**

**Entity Name:** AMERICANS FOR SENIORS, INC.

**Current Principal Place of Business:**

130 E JOHN CARPENTER FWY  
IRVING, TX 75062

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 140278  
IRVING, TX 750120278

**New Mailing Address:**

**FEI Number:** 45-2429735

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: PSTD  
Name: COFFELT, DON  
Address: 130 E JOHN CARPENTER FWY  
City-St-Zip: IRVING, TX 75062

Title: VPD  
Name: GRANDA, ART  
Address: 130 E JOHN CARPENTER FWY  
City-St-Zip: IRVING, TX 75062

Title: AS  
Name: WOLFE, RALPH  
Address: 130 E JOHN CARPENTER FWY  
City-St-Zip: IRVING, TX 75062

Title: D  
Name: PASQUALE, MARIO  
Address: 130 E JOHN CARPENTER FWY  
City-St-Zip: IRVING, TX 75062

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: RALPH WOLFE

AS

04/25/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date