2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N00000003994

Entity Name: THE SENIOR LIFE FOUNDATION, INC.

FILED Jan 17, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
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150 E FIRST ST P. O. BOX 28222

JACKSONVILLE, FL 32206 JACKSONVILLE, FL 32226

Current Mailing Address: New Mailing Address:

150 E FIRST ST P. O. BOX 28222

JACKSONVILLE, FL 32206 JACKSONVILLE, FL 32226

FEI Number: 59-3666641 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

BOYER, TYRIE A 210 E FORSYTH ST

JACKSONVILLE, FL 32202 US

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: TYRIE A. BOYER

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: TD (X) Change () Addition

Name:SISTROUNK, RAPLHName:TERBRUEGGEN, MARI FAddress:13071 ISLE WORTH RIDGE CT.Address:9745 HOOD ROADCity-St-Zip:JACKSONVILLE, FL 32225City-St-Zip:JACKSONVILLE, FL 32257

Title: PD () Delete Title: () Change () Addition

 Name:
 JENNINGS, CLYDE
 Name:

 Address:
 319 W 70TH ST
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32208
 City-St-Zip:

Title: VD () Delete Title: () Change () Addition

 Name:
 BOYER, TYRIE A
 Name:

 Address:
 210 E FORSYTH ST
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32211
 City-St-Zip:

Title: D () Delete Title: () Change () Addition

 Name:
 DIXON, FRANCES
 Name:

 Address:
 460 W 70TH ST
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32209
 City-St-Zip:

Title: TD () Delete Title: D (X) Change () Addition

 Name:
 DANGLADE, JOHN P
 Name:
 SMITH, BETTY

 Address:
 2203 HIRSCH AVENUE
 Address:
 8911 LOPEZ COURT

 City-St-Zip:
 JACKSONVILLE, FL 32216
 City-St-Zip:
 JACKSONVILLE, FL 32216

Title: () Delete Title: D () Change (X) Addition

 Name:
 Name:
 BRINSON, BOB

 Address:
 Address:
 5036 JAMMES ROAD

 City-St-Zip:
 City-St-Zip:
 JACKSONVILLE, FL 32210

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: MARI TERBRUEGGEN TD 01/17/2005

The corporation has indicated in accordance with s. 607.193(2)(b), F.S., it did not receive the prior notice. They have requested the late fee be waived.