

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003994

FILED  
Feb 23, 2007  
Secretary of State

Entity Name: THE SENIOR LIFE FOUNDATION, INC.

## Current Principal Place of Business:

9745 HOOD ROAD  
JACKSONVILLE, FL 32257

## New Principal Place of Business:

## Current Mailing Address:

P. O. BOX 57443  
JACKSONVILLE, FL 32241

## New Mailing Address:

FEI Number: 59-3666641

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BOYER, TYRIE A  
210 E FORSYTH ST  
JACKSONVILLE, FL 32202 US

## Name and Address of New Registered Agent:

TERBRUEGGEN, MARI F  
9745 HOOD ROAD  
JACKSONVILLE, FL 32257 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: MARI TERBRUEGGEN

02/23/2007

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: TERBRUEGGEN, MARI F  
Address: 9745 HOOD ROAD  
City-St-Zip: JACKSONVILLE, FL 32257

Title: TD ( ) Delete  
Name: CHESTNUT, HELEN R  
Address: 13842 KETCH COVE DRIVE  
City-St-Zip: JACKSONVILLE, FL 32224

Title: VD ( ) Delete  
Name: BOYER, TYRIE A  
Address: 210 E FORSYTH ST  
City-St-Zip: JACKSONVILLE, FL 32211

Title: D ( ) Delete  
Name: LUDLOW, JEAN  
Address: 9252 SAN JOSE BLVD UNIT 3101  
City-St-Zip: JACKSONVILLE, FL 32257

Title: D (X) Delete  
Name: SMITH, BETTY  
Address: 8911 LOPEZ COURT  
City-St-Zip: JACKSONVILLE, FL 32216

Title: D (X) Delete  
Name: JENNINGS, CLYDE  
Address: 319 WEST 70TH STREET  
City-St-Zip: JACKSONVILLE, FL 32208

## 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:

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 Chapter 119, 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

PD

02/23/2007

Electronic Signature of Signing Officer or Director

Date