2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2008
Secretary of State

DOCUMENT# N00000003994

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:

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

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 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 F. TERBRUEGGEN PD 02/08/2008

Electronic Signature of Signing Officer or Director — Date