## 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N00000003994

FILED Jan 06, 2011 Secretary of State

Entity Name: THE SENIOR LIFE FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business:

9745 HOOD ROAD JACKSONVILLE, FL 32257

Current Mailing Address: New Mailing Address:

P. O. BOX 57443 JACKSONVILLE, FL 32241

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:

KIDD, SAUNDRA K 5035 ORTEGA FOREST DR JACKSONVILLE, FL 32210 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:

Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:** 

Title: PD

 Name:
 TERBRUEGGEN, MARI F

 Address:
 9745 HOOD ROAD

 City-St-Zip:
 JACKSONVILLE, FL 32257

Title: VPD

Name: CHESTNUT, HELEN R

Address: 77 PONTE VEDRA COLONY CIRCLE

City-St-Zip: PONTE VEDRA, FL 32082

Title: VPD

 Name:
 KIDD, SAUNDRA K

 Address:
 5035 ORTEGA FOREST DR

 City-St-Zip:
 JACKSONVILLE, FL 32210

Title: VPSD

Name: LUDLOW, JEAN

Address: 9252 SAN JOSE BLVD UNIT 3101 City-St-Zip: JACKSONVILLE, FL 32257

Title: VPD

Name: GRIMM, MARY M

Address: 200 BERMUDA BAY CIRCLE #204 City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: TD

 Name:
 GURNEY, BETTY D

 Address:
 7918 LOS ROBLES CT

 City-St-Zip:
 JACKSONVILLE, FL 32256

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: SAUNDRA K KIDD VPD 01/06/2011