

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 15, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000005810	
1. Entity Name SENIOR RX ASSISTANCE CHARITABLE TRUST, INC.	



Principal Place of Business 11375 CORTEZ BLVD. BROOKSVILLE, FL 34613	Mailing Address 11375 CORTEZ BLVD. BROOKSVILLE, FL 34613
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DO NOT WRITE IN THIS SPACE

07052005 No Chg-NP CR2E037 (10/03)

4. FEI Number 20-0123915	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**WALKER-DRUZBICK, DEBORAH L
11375 CORTEZ BLVD.
BROOKSVILLE, FL 34613**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SCHENCK, ROBERT C 2096 GOLD ROAD SPRING HILL, FL 34609
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RAGS, JEAN 20 N. MAIN STREET STE 161 BROOKSVILLE, FL 34601
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WALKER-DRUZBICK, DEBROAH L 11375 CORTEZ BLVD. BROOKSVILLE, FL 34613
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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IN THIS SPACE**

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07/15/05-80005-017 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Deborah L. Walker Druzback* **12 July 05 352-346-7006**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #