


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 14, 2006 08:00 AM
Secretary of State

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



07112006 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-0123915	Applied For <input type="checkbox"/> 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

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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 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000570324 07/14/06-80009-014 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHENCK, ROBERT C 2096 GOLD ROAD SPRING HILL, FL 34809
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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-Druzbeck* **DEBORAH L. WALKER-DRUZBECK** 13 July 06 352-346-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #