


# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 APR -9 PM 2:24

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04/09/08--01003--025 \*\*297.50



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		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4072008 REIN-NP			CR2E099 (1/07)		
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			7. Name and Address of New Registered Agent Name <u>DEBORAH L. WALKER-DRUZBICK</u> Street Address (P.O. Box Number is Not Acceptable) <u>7317 Berwick Way</u> City <u>Brookville</u> FL <u>34613</u>		
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 <u>Deborah L. Walker-Druzick</u> DATE <u>7 April 08</u> <small>(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$122.50		in accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHENCK, ROBERT C 2096 GOLD ROAD SPRING HILL, FL 34609 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	B 4/9/08 REINSTATEMENT 07-08 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAGS, JEAN 20 N. MAIN STREET STE 161 BROOKSVILLE, FL 34601 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	B 4/9/08 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALKER-DRUZBICK, DEBORAH L 11375 CORTEZ BLVD. BROOKSVILLE, FL 34613 <input type="checkbox"/> Delete <u>Address change</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEBORAH L. WALKER-DRUZBICK <input type="checkbox"/> Change <input type="checkbox"/> Addition 7317 Berwick Way Brookville, Florida 34613		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u>Deborah L. Walker-Druzick</u>		7 April 2008 352.597.6331 <small>Signature and typed or printed name of signing officer or director Date Daytime Phone #</small>			