

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
May 03, 2004
Secretary of State**

DOCUMENT# N03000006511

Entity Name: ORLANDO SENIOR CENTER, INC.

Current Principal Place of Business:

6500 FOREST CITY ROAD
ORLANDO, FL 32810

New Principal Place of Business:

Current Mailing Address:

6500 FOREST CITY ROAD
ORLANDO, FL 32810

New Mailing Address:

FEI Number: 55-0846657 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GAMMONS-WENNINGTON, PETER DR.
6500 FOREST CITY ROAD
ORLANDO, FL 32810

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: GAMMONS-WENNINGTON, PETER DR.
Address: 6500 FOREST CITY ROAD
City-St-Zip: ORLANDO, FL 32810

Title: VD () Delete
Name: GAMMONS-WENNINGTON, MARLUZA
Address: 6500 FOREST CITY ROAD
City-St-Zip: ORLANDO, FL 32810

Title: D () Delete
Name: CARRIS, KENNETH R
Address: 6500 FOREST CITY ROAD
City-St-Zip: ORLANDO, FL 32810

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: PETER GAMMONS-WENNINGTON

PD

05/03/2004

Electronic Signature of Signing Officer or Director

_____ Date