2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2005
Secretary of State

DOCUMENT# N03000006705

Entity Name: FEDERAL ALLIANCE FOR SENIOR TRUST, INC.

Current Principal Place of Business:

10033 DR MARTIN LUTHER KING ST N
3RD FLOOR
ST PETERBURG, FL 33716

New Principal Place of Business:

Current Mailing Address:

10033 DR MARTIN LUTHER KING ST N
3RD FLOOR
ST PETERBURG, FL 33716

New Mailing Address:

FEI Number: 86-1077670 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PATTERSON, BARBARA J
10033 DR MARTIN LUTHER KING ST N
3RD FLOOR
ST PETERBURG, FL 33716 US

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:	D	( ) Delete
Name:	PATTERSON, BARBARA J	
Address:	10033 DR MARTIN LUTHER KING ST N 3RD FLOOR	
City-St-Zip:	ST PETERBURG, FL 33716	
Title:	D	( ) Delete
Name:	MEDNICK, HOLLY L	
Address:	10033 DR MARTIN LUTHER KING ST N 3RD FLOOR	
City-St-Zip:	ST PETERBURG, FL 33716	
Title:	D	( ) Delete
Name:	MEDNICK, HOWARD L	
Address:	10033 DR MARTIN LUTHER KING ST N 3RD FLOOR	
City-St-Zip:	ST PETERBURG, FL 33716	
Title:	D	( ) Delete
Name:	WHITE, SARAH	
Address:	10033 DR MARTIN LUTHER KING ST N 3RD FLOOR	
City-St-Zip:	ST PETERBURG, FL 33716	
Title:	D	( ) Delete
Name:	ERVIN, ERICA M	
Address:	10033 DR MARTIN LUTHER KING ST N 3RD FLOOR	
City-St-Zip:	ST PETERBURG, FL 33716	
Title:	D	( ) Delete
Name:	O'CONNOR, CHRISTY	
Address:	10033 DR MARTIN LUTHER KING ST N 3RD FLOOR	
City-St-Zip:	ST PETERBURG, FL 33716	

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:	
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: BARBARA J. PATTERSON P 01/17/2005

Electronic Signature of Signing Officer or Director — Date