

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 02, 2005 8:00 am
Secretary of State

04-04-2005 90063 010 ****61.25

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1st MOORE CR2E037 (10/04)

DOCUMENT # N04000009914 1. Entity Name SENIOR MOMENTS ADULT CARE CENTER, INC.					
Principal Place of Business 1416 WEST 9TH STREET JACKSONVILLE FL 32209			Mailing Address 1416 WEST 9TH STREET JACKSONVILLE FL 32209		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 16-1709857	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
5. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MITCHELL-REED, MONICA 1416 WEST 9TH STREET JACKSONVILLE FL 32209				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____					
FILE NOW - FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		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	C WILLIAMS, MARY 8087 SUN VALLEY DRIVE JACKSONVILLE FL 32210		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice-President Williams, Mary 8087 Sun Valley Drive Jacksonville, FL 32210	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LEWIS, MARK 5316-18 PEARL STREET JACKSONVILLE FL 32208		TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST CARTER, ROSALIND 10797 BRANDON CHASE DRIVE JACKSONVILLE FL 32219		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Treasurer Brown, Jacqueline 1654 University Street Jacksonville, Florida 32209	
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 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 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>Monica Reed</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/28/05 (904) 891-1279 <small>Date Daytime Phone *</small>		