2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# N04000009914

Entity Name: SENIOR MOMENTS ADULT CARE CENTER, INC.

Current Principal Place of Business:

1416 WEST 9TH STREET
JACKSONVILLE, FL 32209

New Principal Place of Business:

Current Mailing Address:

1416 WEST 9TH STREET
JACKSONVILLE, FL 32209

New Mailing Address:

FEI Number: 16-1709857 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MITCHELL-REED, MONICA
1416 WEST 9TH STREET
JACKSONVILLE, FL 32209 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: V ( ) Delete
Name: ROBINSON, MARY K
Address: 1416 WEST 9TH STREET
City-St-Zip: JACKSONVILLE, FL 32209

Title: P ( ) Delete
Name: LEWIS, MARK
Address: 5316-18 PEARL STREET
City-St-Zip: JACKSONVILLE, FL 32208

Title: T ( ) Delete
Name: BROWN, JACQUELINE
Address: 1654 UNIVERSITY STREET
City-St-Zip: JACKSONVILLE, FL 32209

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V (X) Change ( ) Addition
Name: DAVIS, PAULINE
Address: 1416 WEST 9TH STREET
City-St-Zip: JACKSONVILLE, FL 32209

Title: P (X) Change ( ) Addition
Name: WILLIAMS, SIRRETTA
Address: 1416 WEST 9TH STREET
City-St-Zip: JACKSONVILLE, FL 32209

Title: T (X) Change ( ) Addition
Name: ROBINSON, MARY K
Address: 1416 WEST 9TH STREET
City-St-Zip: JACKSONVILLE, FL 32209

Title: S ( ) Change (X) Addition
Name: AUSTIN, FELECIA
Address: 1416 WEST 9TH STREET
City-St-Zip: JACKSONVILLE, FL 32209

Title: T ( ) Change (X) Addition
Name: DAVIS, CLARISS
Address: 1416 WEST 9TH STREET
City-St-Zip: JACKSONVILLE, FL 32209

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: SIRRETTA WILLIAMS P 04/30/2007

Electronic Signature of Signing Officer or Director — Date