

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N04000010959

1. Entity Name
SENIOR ADVOCATE FOUNDATION, INC.



Principal Place of Business
315 SWEETWATER BLVD - NORTH
LONGWOOD, FL 32779

Mailing Address
315 SWEETWATER BLVD - NORTH
LONGWOOD, FL 32779

FILED
Sep 12, 2008 08:00 AM
Secretary of State



07032008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3788665	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STEAR, WILLIAM L
315 SWEETWATER BLVD - NORTH
LONGWOOD, FL 32779

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	STEAR, WILLIAM L
STREET ADDRESS	315 SWEETWATER BLVD - NORTH
CITY-ST-ZIP	LONGWOOD, FL 32779

TITLE	D
NAME	STEAR, KATHY
STREET ADDRESS	315 SWEETWATER BLVD - NORTH
CITY-ST-ZIP	LONGWOOD, FL 32779

TITLE	D
NAME	HAYS, KATIE
STREET ADDRESS	315 SWEETWATER BLVD - NORTH
CITY-ST-ZIP	LONGWOOD, FL 32779

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000959572
09/12/08-80002-018 61.25

**DO NOT WRITE
IN THIS SPACE**

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 title empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9.9.08 . 407.774.1469

Date

Daytime Phone #