

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005447

FILED
Mar 14, 2009
Secretary of State

Entity Name: SENIORNET COMPUTER LEARNING CENTER OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

9145-A SW 23RD ST
DAVIE, FL 33324

New Principal Place of Business:

Current Mailing Address:

9145-A SW 23RD ST
DAVIE, FL 33324

New Mailing Address:

FEI Number: 20-2924349

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DESKO, FRANK
9145-A SW 23RD ST
FT LAUDERDALE, FL 33324 US

Name and Address of New Registered Agent:

DESKO, FRANK
9145-A SW 23RD ST
DAVIE, FL 33324 US

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:

03/14/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DESKO, FRANK
Address: 9145 A SW 23RD ST
City-St-Zip: DAVIE, FL 33324

Title: VP () Delete
Name: COOK, MORRIS
Address: 300 THREE ISLANDS BLVD
City-St-Zip: HALLANDALE, FL 33009

Title: S () Delete
Name: SHAFFER, MARILYN
Address: 6721 AZALEA DRIVE
City-St-Zip: HOLLYWOOD, FL 33023

Title: T () Delete
Name: HOLT, DOROTHY
Address: 3904 SW 67TH TERRACE
City-St-Zip: DAVIE, FL 33314

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: COOK, MORRIS
Address: 300 THREE ISLANDS BLVD
City-St-Zip: HALLANDALE, FL 33009

Title: S/T (X) Change () Addition
Name: SHAFFER, MARILYN
Address: 6721 AZALEA DRIVE
City-St-Zip: HOLLYWOOD, FL 33023

Title: VP (X) Change () Addition
Name: HOLT, DOROTHY
Address: 3904 SW 67TH TERRACE
City-St-Zip: DAVIE, FL 33314

Title: TD () Change (X) Addition
Name: MOREHOUSE, PETER
Address: 21205 YACHT CLUB DR #1610
City-St-Zip: AVENTURA, FL 33180

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: FRANK DESKO

PRES

03/14/2009

Electronic Signature of Signing Officer or Director

Date