2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 09, 2007 8:00 am
Secretary of State
06-22-2007 90001 029 ****61.25

66020146

1st MOORE CR2E037 (10/06)

DOCUMENT # N06000001085

1. Entity Name

SENIOR AND FAMILY RESOURCE CENTER, INC.

Principal Place of Business	Mailing Address
172 OSPREY HEIGHTS DR WINTER HAVEN FL 33880	172 OSPREY HEIGHTS DR WINTER HAVEN FL 33880

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number — Applied For / Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RICHARDSON, LORRAINE 172 OSPREY HEIGHTS DR WINTER HAVEN FL 33880	Name Street Address (P.O. Box Number is Not Acceptable) City — FL — Zip Code

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 Lorraine Richardson 6/18/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	D Officer WALKER, KAY M PO BOX 3615 WINTER HAVEN FL 33885 ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	Rev. Frank O'Harrell - Officer 123 Avenue Y, NE Winter Haven, FL 33881 ☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Officer WORMLEY, ADRIAN 900 DREXEL AVE NE WINTER HAVEN FL 33881 ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Officer LAURENCEAU, CARLO 150 AVENUE T NE WINTER HAVEN FL 33880 ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 like empowered.

SIGNATURE: Lorraine Richardson Lorraine Richardson 6/18/07 863-656-6167
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #