

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Nov 19, 2007
Secretary of State

DOCUMENT# N06000001085

Entity Name: SENIOR AND FAMILY RESOURCE CENTER, INC.**Current Principal Place of Business:**172 OSPREY HEIGHTS DR
WINTER HAVEN, FL 33880**New Principal Place of Business:****Current Mailing Address:**172 OSPREY HEIGHTS DR
WINTER HAVEN, FL 33880**New Mailing Address:****FEI Number:****FEI Number Applied For ()****FEI Number Not Applicable (X)****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**RICHARDSON, LORRAINE
172 OSPREY HEIGHTS DR
WINTER HAVEN, FL 33880 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: D () Delete
Name: WALKER, KAY M
Address: PO BOX 3615
City-St-Zip: WINTER HAVEN, FL 33885Title: D () Delete
Name: WORMLEY, ADRIAN
Address: 900 DREXEL AVE NE
City-St-Zip: WINTER HAVEN, FL 33881Title: D () Delete
Name: LAURENCEAU, CARLO
Address: 150 AVENUE T NE
City-St-Zip: WINTER HAVEN, FL 33880Title: O () Delete
Name: O'HARRELL, FRANK REV
Address: 1230 AVE NE
City-St-Zip: WINTER HAVEN, FL 33881Title: () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: P (X) Change () Addition
Name: RICHARDSON, LORRAINE A
Address: 172 OSPREY HEIGHTS DRIVE
City-St-Zip: WINTER HAVEN, FL 33880Title: D (X) Change () Addition
Name: WALKER, KAY M
Address: P. O. BOX 3615
City-St-Zip: WINTER HAVEN, FL 33885Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: D (X) Change () Addition
Name: WORMLEY, ADRIAN
Address: 900 DREXEL AVENUE NE
City-St-Zip: WINTER HAVEN, FL 33881Title: D () Change (X) Addition
Name: O'HARROLL, FRANK REV.
Address: 1230 AVENUE NE
City-St-Zip: WINTER HAVEN, FL 33881

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: LORRAINE RICHARDSON

P

11/19/2007

Electronic Signature of Signing Officer or Director

Date