2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2009
Secretary of State

DOCUMENT# N07000009136

Entity Name: SENIOR CITIZENS CLUB OF NOMA, INC.

Current Principal Place of Business:

3467 SKIPPER AVE.
NOMA, FL 32452

New Principal Place of Business:

Current Mailing Address:

3467 SKIPPER AVE.
NOMA, FL 32452

New Mailing Address:

P.O. BOX 160
NOMA, FL 32452

FEI Number: 94-3434783 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LUCAS N. TAYLOR, P.A.
122B SOUTH WAUKESHA STREET
BONIFAY, FL 32425 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: P ( ) Delete
Name: DOZIER, EVELYN
Address: 3467 SKIPPER AVE
City-St-Zip: NOMA, FL 32452

Title: VP ( ) Delete
Name: GRIFFIN, OLA
Address: 3467 SKIPPER AVE
City-St-Zip: NOMA, FL 32452

Title: S ( ) Delete
Name: HAYES, MARY
Address: 3467 SKIPPER AVE
City-St-Zip: BONIFAY, FL 32452

Title: DIR. ( ) Delete
Name: ST CLAIR, LOLA
Address: 3467 SKIPPER AVE.
City-St-Zip: NOMA, FL 32452

Title: DIR (X) Delete
Name: BRANTLEY, FAYE
Address: 3467 SKIPPER AVE
City-St-Zip: NOMA, FL 32452

Title: DIR (X) Delete
Name: WIGGINS, ELIZABETH
Address: 3467 SKIPPER AVE
City-St-Zip: NOMA, FL 32452

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MCELWAIN, DONALD
Address: 3467 SKIPPER AVE
City-St-Zip: NOMA, FL 32452

Title: VP (X) Change ( ) Addition
Name: GRIFFFIN, OLA
Address: 3467 SKIPPER AVE
City-St-Zip: NOMA, FL 32452

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

Title: T (X) Change ( ) Addition
Name: CUTTING, GAIL I
Address: 3467 SKIPPER AVE.
City-St-Zip: NOMA, FL 32452

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

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

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: GAIL I. CUTTING T 02/27/2009

Electronic Signature of Signing Officer or Director — Date