

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009234

FILED  
Apr 06, 2010  
Secretary of State

**Entity Name:** FLORIDA SENIOR ADVISORY COUNCIL, INC.

**Current Principal Place of Business:**

ONE N. DALE MABRY HWY.  
SUITE 1080  
TAMPA, FL 33609

**New Principal Place of Business:**

**Current Mailing Address:**

ONE N. DALE MABRY HWY.  
SUITE 1080  
TAMPA, FL 33609

**New Mailing Address:**

**FEI Number:** 27-0670279

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SCARPO, ANTHONY L  
ONE N. DALE MABRY HWY.  
SUITE 1080  
TAMPA, FL 33609 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: PD  
Name: SCARPO, ANTHONY L  
Address: 4204 WAYSIDE WILLOW CT.  
City-St-Zip: TAMPA, FL 33618

Title: VPD  
Name: SCARPO, NICOLE R  
Address: 4204 WAYSIDE WILLOW CT.  
City-St-Zip: TAMPA, FL 33618

Title: SD  
Name: MCKELVEY, ANTOINETTE M  
Address: ONE N. DALE MABRY HWY, # 1080  
City-St-Zip: TAMPA, FL 33609

I hereby 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 all other like empowered.

SIGNATURE: ANTHONY L SCARPO

PD

04/06/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date