

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004779

FILED  
Mar 06, 2009  
Secretary of State

**Entity Name:** REVERSE MORTGAGE CONSULTANTS FOR SENIORS, INC.

**Current Principal Place of Business:**

1662 N US HIGHWAY 1, SUITE C  
JUPITER, FL 33469

**New Principal Place of Business:**

**Current Mailing Address:**

1662 N US HIGHWAY 1, SUITE C  
JUPITER, FL 33469

**New Mailing Address:**

**FEI Number:** 26-2639519

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

YOUNG, JACQUELYN  
1662 N US HIGHWAY 1, SUITE C  
JUPITER, FL 33469 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: DPS ( ) Delete  
Name: YOUNG, JACQUELYN  
Address: 1662 N US HIGHWAY 1, SUITE C  
City-St-Zip: JUPITER, FL 33469

Title: DV ( ) Delete  
Name: ADELSTEIN, ROBERT  
Address: 1662 N US HIGHWAY 1, SUITE C  
City-St-Zip: JUPITER, FL 33469

Title: DT ( ) Delete  
Name: TILCOCK, RACHAEL  
Address: 1662 N US HIGHWAY 1, SUITE C  
City-St-Zip: JUPITER, FL 33469

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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: JACQUELYN YOUNG

DPS

03/06/2009

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

\_\_\_\_\_  
Date