2006-MOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 06, 2006 8:00 am Secretary of State DOCUMENT # N14527 04-06-2006 90020 040 ****61.25 1. Entity Name ST. CLOUD SENIOR CITIZEN CENTER, INC. Principal Place of Business Mailing Address 3101 17TH ATREET 100 CHURCH STREET SAINT CLOUD FL 34769 KISSIMMEE FL 34741 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 59-2921844 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CUMBIE, FRED H JR Street Address (P.O. Box Number is Not Acceptable) 100 CHURCH STREET KISSIMMEE FL 34741 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 Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE 🔀 Delete TITLE Change ☐ Addition Richard Cox BARROWS, FRANK NAME NAME 2002 cecilest. STREET ADDRESS 1422 INDIANA AVE STREET ADDRESS ST. CLOUD FL 34769 CITY-ST-ZIP CITY-ST-ZIP kissimmee FL 34741 1VP TITLE IVP Change Change TITLE Delete Betty Mac Nichol ■ Addition COX, RICHARD NAME NAME 3080 VEST ROAD 700 Hichigan Ave. STREET ADDRESS STREET ADDRESS ST CLOUD FL 34772 St. Cloud, EL 34769 CITY-ST-ZIP CiTY-ST-7IP 2VP TITLE □ Delete TITLE ☐ Change ■ Addition NAME WILLIFORD, EDDIE NAME STREET ADDRESS **409 CHESTNUT ST** STREET ADDRESS CITY-ST-ZIP SAINT CLOUD FL 34769 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME PEPKIE, LOIS NAME STREET ADDRESS 95 CLUB VILLAS LANE STREET ADDRESS CITY-ST-ZIP KISSIMMEE FL 34744 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition RANDALL, PHYLLIS NAME NAME 207 CONN AVE STREET ADDRESS STREET ADDRESS SAINT CLOUD FL 34769 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE 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.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

-30-0h

FILED