

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 15, 2008 8:00 am**  
**Secretary of State**

04-15-2008 90012 018 \*\*\*\*61.25

**DOCUMENT # N14527**

1. Entity Name

ST. CLOUD SENIOR CITIZEN CENTER, INC.



Principal Place of Business

3101 17TH ATREET  
SAINT CLOUD FL 34769

Mailing Address

100 CHURCH STREET  
KISSIMMEE FL 34741

50002509



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

59-2921844

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CUMBIE, FRED H JR  
100 CHURCH STREET  
KISSIMMEE FL 34741

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By: May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME COX, RICAHRD  
STREET ADDRESS 2002 CECILE ST  
CITY-ST-ZIP KISSIMMEE FL 34741

TITLE PD ☒ Change ☐ Addition  
NAME William P. Lauer  
STREET ADDRESS 2428 Sweetwater Blvd.  
CITY-ST-ZIP St Cloud FL 34772

TITLE 1VP ☐ Delete  
NAME MACNICHOL, BETTY  
STREET ADDRESS 700 MICHIGAN AVE  
CITY-ST-ZIP SAINT CLOUD FL 34769

TITLE 1VP ☒ Change ☐ Addition  
NAME Brian Williford  
STREET ADDRESS 409 Chestnut Dr.  
CITY-ST-ZIP St. Cloud FL 34769

TITLE 2VP ☐ Delete  
NAME WILLIFORD, EDDIE  
STREET ADDRESS 409 CHESTNUT ST  
CITY-ST-ZIP SAINT CLOUD FL 34769

TITLE 2VP ☒ Change ☐ Addition  
NAME John Rallis  
STREET ADDRESS 430 Florida Ave  
CITY-ST-ZIP St Cloud FL 34769

TITLE SD ☐ Delete  
NAME PEPKIE, LOIS  
STREET ADDRESS 95 CLUB VILLAS LANE  
CITY-ST-ZIP KISSIMMEE FL 34744

TITLE SD ☒ Change ☐ Addition  
NAME Leslie Futral  
STREET ADDRESS 4787 Hidden Heights Tr.  
CITY-ST-ZIP St Cloud FL 34771

TITLE TD ☐ Delete  
NAME RANDALL, PHYLLIS  
STREET ADDRESS 207 CONN AVE  
CITY-ST-ZIP SAINT CLOUD FL 34769

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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.

SIGNATURE:

*Phyllis B. Randall*

3-24-08 407-892-9792