


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90419 028 \*\*\*\*61.25

<b>DOCUMENT # N17038</b> 1. Entity Name <b>SENIORS FIRST, INC.</b>					
Principal Place of Business 5395 LB MCLEOD ORLANDO, FL 32811				Mailing Address 5395 LB MCLEOD ORLANDO, FL 32811	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CASORIA, EDWARD 2153 LEE ROAD WINTER PARK, FL 32789				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					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
				<b>Make check payable to</b> <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DANNEKER, PAUL C		NAME	Larry Schweitzer	
STREET ADDRESS	633 N ORANGE AVE		STREET ADDRESS	1605 Sweetwater West Cr.	
CITY-ST-ZIP	ORLANDO, FL 32801		CITY-ST-ZIP	Apopka, FL 32712-2447	
TITLE	CD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ESTEBAN, GLORIA		NAME	Susan Arkin	
STREET ADDRESS	600 BRYAN COURT		STREET ADDRESS	445 W. Amelia St.	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701		CITY-ST-ZIP	Orlando, FL 32801	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PALMER, DOUGLAS		NAME	Jonathan Douglas	
STREET ADDRESS	1207 S ORANGE AVE		STREET ADDRESS	1030 N. Orange Ave. Ste. 200	
CITY-ST-ZIP	WINTER PARK, FL 327891792		CITY-ST-ZIP	Orlando, FL 32801	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCLEOD, DAVID		NAME	Judi Schack-Dugre	
STREET ADDRESS	3378 EDGEWATER DRIVE		STREET ADDRESS	10244 E. Colonial Dr. Ste. 202	
CITY-ST-ZIP	ORLANDO, FL 32804		CITY-ST-ZIP	Orlando, FL 32817	
TITLE	TD	<input type="checkbox"/> Delete	TITLE		
NAME	TATTERSALL, FRED		NAME		
STREET ADDRESS	333 N FERNCHECK AVE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32803		CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE:</b> <u>Susan Ferguson</u> <u>Susan Ferguson</u> <u>4/28/04</u> <u>(407) 292-0177</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					