


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2007 8:00 am
Secretary of State

05-08-2007 90020 017 ****61.25

| | | | | | |
|--|---------------------------------|---|---|---|--|
| DOCUMENT # N17038 | | | |  | |
| 1. Entity Name SENIORS FIRST, INC. | | | | | |
| Principal Place of Business 5395 LB MCLEOD ORLANDO, FL 32811 | | | Mailing Address 5395 LB MCLEOD ORLANDO, FL 32811 | | |
| 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 | 4. FEI Number 59-2759603 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For Not Applicable | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 | CD | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | DOUGLAS, JONATHAN | | NAME | | |
| STREET ADDRESS | 4776 NEW BROAD ST. STE 200 | | STREET ADDRESS | | |
| CITY-ST-ZIP | ORLANDO, FL 32814 | | CITY-ST-ZIP | | |
| TITLE | VD | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | DUNWELL, JON | | NAME | | |
| STREET ADDRESS | 4412 N APOKA-VINELAND RD | | STREET ADDRESS | | |
| CITY-ST-ZIP | ORLANDO, FL 32818 | | CITY-ST-ZIP | | |
| TITLE | TD | | TITLE | TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | TATTERSALL, FRED | | NAME | Palmer, Douglas | |
| STREET ADDRESS | 333 N FERNCAECK AVE | | STREET ADDRESS | 1201 S. Orlando Ave. Ste. 400 | |
| CITY-ST-ZIP | ORLANDO, FL 32803 | | CITY-ST-ZIP | Winter Park, FL 32789 | |
| TITLE | VP | | TITLE | CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | SCHIRTZER, RONALD | | NAME | Schirtzer, Ronald | |
| STREET ADDRESS | PO BOX 2193 | | STREET ADDRESS | P. O. Box 2193 | |
| CITY-ST-ZIP | ORLANDO, FL 32802 | | CITY-ST-ZIP | Orlando, FL 32802 | |
| TITLE | SD | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | PITTMAN, MELVIN | | NAME | | |
| STREET ADDRESS | 201 S ROSALIND AVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | ORLANDO, FL 32801 | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | | | NAME | Royal, George | |
| STREET ADDRESS | | | STREET ADDRESS | 1560 Orange Ave. Ste. 750 | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | Winter Park, FL 32789 | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Susan Ferguson</i> Susan Ferguson 4/25/07 (407) 292-0177 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |

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