

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17422

FILED
Apr 15, 2009
Secretary of State

Entity Name: SENIORS FOR A BETTER COMMUNITY, INC.

Current Principal Place of Business:

200 N. TRIPLET LAKE DRIVE
CASSELBERRY, FL 327073323 US

New Principal Place of Business:

Current Mailing Address:

200 N. TRIPLET LAKE DRIVE
CASSELBERRY, FL 327073323 US

New Mailing Address:

FEI Number: 59-2729454

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLARK, WILLIAM D
2017 KEWA NNEE TRL
CASSELBERRY, FL 327075614 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: PD () Delete
Name: WARREN, JOHN G
Address: 1167 SARAH LN
City-St-Zip: CASSELBERRY, FL 32707 US

Title: TD () Delete
Name: CLARK, WILLIAM D
Address: 2017 KEWANNEE TRL
City-St-Zip: CASSELBERRY, FL 327075614 US

Title: VD () Delete
Name: HOWARD, JOE H
Address: 405 AMICK WAY
City-St-Zip: CASSELBERRY, FL 32707 US

Title: SD () Delete
Name: FRENCH, SARAH S
Address: 283 HILL ST
City-St-Zip: CASSELBERRY, FL 32707 US

Title: D (X) Delete
Name: DOYLE, ROBERT E
Address: 380 VIOLET DELL
City-St-Zip: CASSELBERRY, FL 32707 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HOWARD, JOE H
Address: 405 AMICK WAY
City-St-Zip: CASSELBERRY, FL 32707 US

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

Title: VD (X) Change () Addition
Name: L'HOMME, PAUL A
Address: 1510 AVALON BLVD
City-St-Zip: CASSELBERRY, FL 32707 US

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: WM D CLARK

TD

04/15/2009

Electronic Signature of Signing Officer or Director

Date