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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 18 1997 8:00am

Secretary of State

Sandra B, Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

N34875

(7)

SEMINOLE COUNTY BETTER LIVING FOR SENIORS, INC.

Principal Place	e of Business	Mailing Address						{							
,															
1097 SAND POND ROAD LAKE AMRY FL 32746			1097 SAND POND ROAD LAKE MARY FL 32746-3354												
US			US					- }		Data da a sana		1131 H	20 00	n all a 1 5	
										Date Incorpor 10/24/	1989	ainieo		04/08/19	
2. Principal Pl	ace of Business	2a. Mailing Address						4.	FEI Number	7007			A	oplied For	
21		26							59-297	1801				ot Applicable	
Suite, Apt.	#, etc.			e, Apt. #, etc.				[5.	Certificate of	Status Desir	red			Additional
22			27	& State									<u>,</u>		equired
City & State	9			o State					6.	Election Cam	. •	_			May Be
23 Zip		Country	28 Zip		Co	untry				Trust Fund Co This corporat					to Fees
24	25	Odnay	29		30	u u y		ŀ	٥.	Florida Statut		iny for int	Yes 🖸	iax under s 3 No	i. 199.032,
24		Address of Current F		d Agent	1901	1	•		10.	Name and A					
						81	Name				***************************************				
ROWEN	ROGER D							A - I - I - I	(6	\	!- b 1-1 b -				
% GREENE, DYCUS & CO., P.A.						82	Stree	(Addres	85 (P	P.O. Box Numb	er is not ac	ceptable))		
205 N E					83	***************************************				······································				······································	
	D FL 32771					-0:						.,	11 *:-	O de	
						84	City						FL	85 Zip	Code
11. Pursuant	to the provisions o	of Sections 617.0502 or both, in the State of accept the obligation	and 617.1	508, Florida Stati	utes, the t	above	e-name	d corpor	ratio	n submits this	statement fo	or the pur	pose of	changing i	ts registered
office or re	egistered agent, o m familiar with, an	r both, in the State of d accept the obligation	Florida, S ons of, Sec	uch change was ction 617.0503. F	s authoriza Florida Sta	eo by atutes	/ the co s.	rporation	n's b	ooard of direct	ors. I hereby	y accept	the appo	ointment as	registered
SIGNATURE				,											
SIGNATURE	Signature, typed or print	ed name of registered agent a	and title if app	icable (NC	OTE: Register	ed Age	ent signatu	re required					DATE		
12.		OFFICERS AND I	DIRECTOR		13					ADDITIONS/C	HANGES TO	OFFICE			
TITLE	B V-			X DELETE	1.1	TITLE	,	DV	•					Change	Addition
NAME	-GAUTHER, S				1.21	NAME	* **	Br	ria	m Overb	у				
STREET ADDRESS		WENUE #2722-			1.3	STREET	ADDRESS	26	01	West S	tate R	oad 4	34		,
CITY-ST-ZIP	-WINTER PAR	K-FL		N. 1		CITY-S	ST-ZIP			wood, F	L 32779	-489	5		D10 A 1 mg
TITLE	DV	AAAFAT F		X DELETE		TITLE		DS	3'	· •				L Change	X Addition
NAME	-POIGNANT, I					NAME				Bruce					
STREET ADDRESS	AQQ PINEHA						ADDRESS	Py	0	Box 6	20789 🐇	N/A			
CITY-ST-ZIP TITLE	-LAKE MARY- DP	rt		DELETE		CHTY-S	ST-ZIP			do, FL	32765			Change	X Addition
	LEWIS, RICH	MADO		L. DELEN	1	NAME		DA	7					Change	LZS AUGHION
NAME ATOSCY LEDDOSCO	300 E. CHU						, , , , , , , , , , , , , , , , , , , ,	Je	rr	y Batem	an				
STREET ADDRESS	ORLANDO F						ADDRESS	1 +		Box 6					
CITY-ST-ZIP TITLE	-01-			XI DELETE		CITY-:	51 - ZP		d e	do, FL	3276 5 -()1.59		Change	Addition
NAME	OVERBY, BR	IAN.				NAME		DT Sm	id ti	h. Reco	le.				, , , , ,
STREET ADDRESS		AD 434 WEST			1		ADDRESS	40	Ö	h, Regg	436, ∫Su	iite :	208		•••
CITY-ST-ZIP	-LONGWOOD					CITY-S				elberry					
TITLE	ĐS-		***************************************	X DELETE		TITLE		1						☐ Change	Addition
NAME	THOMPSON	-NANCY-			5.2	NAME		1							
STREET ADDRESS		NTER HAVEN ROA	Ð		5.3	STAEET	ADDRESS	;			1.00		-		
CITY-ST-ZIP	-AUBURNDAL	E-F t			5.4	CITY S	ST-ZIP						4.		
TITLE	Execut	ive Direct	or	DELETE	6,1	TITLE								Change	Addition
NAME	ľ	Fincher			6.2	NAME									
STREET ADDRESS		and Pond F	Road		6,3	Street	ADORESS	;							
CITY-ST-ZIP	Lake Ma	ary, FL 32	2746			CITY-S					,				
14. I do herel	by certify that the	information supplied is annual report or sup	with this fil	ing does not qua	alify for the	e exe	emption	stated in	in Se	oction 119.07(3	3)(i), Florida	Statules.	I further	certify that	t the
l lamano	fficer or director o	of the corporation or th	ne receive	r or trustee empo	owered to	өхөс	cute this	report a	as re	equired by Ch	apter 617, F	lorida Sta	tutes; e	nd that my	name
appears i	n Block 12 or Bloc	ck 13 if changed, or c	n an altac	riment with an a	aaress.										

Sherry Pincher Bredutive Director