

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 28 1998 8:00am  
Secretary of State

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                     |                                                                                                                                                                                                |                                                                                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b>                                                                                                                                                                                                                                                                                                                                                                                                           |                                                     | <br>FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |                                                                                                         |
| DOCUMENT # <b>N34875</b> (7)<br>1. Corporation Name<br><b>SEMINOLE COUNTY BETTER LIVING FOR SENIORS, INC.</b>                                                                                                                                                                                                                                                                                                                                                   |                                                     |                                                                                                                                                                                                |                                                                                                         |
| Principal Place of Business<br><b>1097 SAND POND ROAD<br/>LAKE AMRY FL 32746<br/>US</b>                                                                                                                                                                                                                                                                                                                                                                         |                                                     | Mailing Address<br><b>1097 SAND POND ROAD<br/>LAKE MARY FL 32746<br/>US</b>                                                                                                                    |                                                                                                         |
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip Country<br>24                                                                                                                                                                                                                                                                                                                                                             |                                                     | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip Country<br>29                                                                                                       |                                                                                                         |
| 3. Date Incorporated or Qualified<br><b>10/24/1989</b>                                                                                                                                                                                                                                                                                                                                                                                                          |                                                     | 4. FEI Number<br><b>59-2977907</b><br>Applied For<br>Not Applicable                                                                                                                            |                                                                                                         |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                                                                                                                                                                                                                                                                                                 |                                                     | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                                                                          |                                                                                                         |
| 7. Is this nonprofit corporation a homeowners association?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                          |                                                     | 8. This corporation owes or has paid the current year intangible<br>Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                     |                                                                                                         |
| 9. Name and Address of Current Registered Agent<br><b>BOWEN, ROGER D<br/>% GREENE, DYCUS &amp; CO., P.A.<br/>205 N ELM AVE<br/>SANFORD FL 32771</b>                                                                                                                                                                                                                                                                                                             |                                                     | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City <b>FL</b> 85 Zip Code                                        |                                                                                                         |
| 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. |                                                     |                                                                                                                                                                                                |                                                                                                         |
| SIGNATURE<br>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE                                                                                                                                                                                                                                                                                                     |                                                     |                                                                                                                                                                                                |                                                                                                         |
| 12. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                     | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                                                                                                                                          |                                                                                                         |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>VD</b> <input type="checkbox"/> DELETE           | 1.1 TITLE                                                                                                                                                                                      | <b>1st Vice-President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>OVERBY, BRIAN</b>                                | 1.2 NAME                                                                                                                                                                                       | <b>Overby, Brian</b>                                                                                    |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>2601 WEST STATE ROAD 434</b>                     | 1.3 STREET ADDRESS                                                                                                                                                                             | <b>2601 West State Road 434</b>                                                                         |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>LONGWOOD FL 95</b>                               | 1.4 CITY-ST-ZIP                                                                                                                                                                                | <b>Longwood, FL 32750-5107</b>                                                                          |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>SD</b> <input type="checkbox"/> DELETE           | 2.1 TITLE                                                                                                                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                       |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>BRUCE, MIMI</b>                                  | 2.2 NAME                                                                                                                                                                                       |                                                                                                         |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>POST OFFICE BOX 620789 N/A</b>                   | 2.3 STREET ADDRESS                                                                                                                                                                             |                                                                                                         |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>OVIEDO FL</b>                                    | 2.4 CITY-ST-ZIP                                                                                                                                                                                |                                                                                                         |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>D</b> <input type="checkbox"/> DELETE            | 3.1 TITLE                                                                                                                                                                                      | <b>100002502751</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition                   |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>FINCHER, SHERRY</b>                              | 3.2 NAME                                                                                                                                                                                       | <b>-04/28/98--01050--013</b>                                                                            |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>1097 SAND POND ROAD</b>                          | 3.3 STREET ADDRESS                                                                                                                                                                             | <b>***61.25</b>                                                                                         |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>LAKE MARY FL</b>                                 | 3.4 CITY-ST-ZIP                                                                                                                                                                                |                                                                                                         |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>VD</b> <input type="checkbox"/> DELETE           | 4.1 TITLE                                                                                                                                                                                      | <b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition           |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>BATEMAN, JERRY E.</b>                            | 4.2 NAME                                                                                                                                                                                       | <b>Bateman, Jerry E.</b>                                                                                |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>POST OFFICE BOX 620159 N/A</b>                   | 4.3 STREET ADDRESS                                                                                                                                                                             | <b>Post Office Box 620159 N/A</b>                                                                       |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>OVIEDO FL 59</b>                                 | 4.4 CITY-ST-ZIP                                                                                                                                                                                | <b>Oviedo, FL 32765-0159</b>                                                                            |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>DT</b> <input type="checkbox"/> DELETE           | 5.1 TITLE                                                                                                                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                       |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>SMITH, REGGIE</b>                                | 5.2 NAME                                                                                                                                                                                       |                                                                                                         |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>400 E HIGHWAY 436 STE 208</b>                    | 5.3 STREET ADDRESS                                                                                                                                                                             |                                                                                                         |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>CASSELBERRY FL</b>                               | 5.4 CITY-ST-ZIP                                                                                                                                                                                |                                                                                                         |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>D</b> <input checked="" type="checkbox"/> DELETE | 6.1 TITLE                                                                                                                                                                                      | <b>2nd Vice-President,</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>FINCHER, SHERRY</b>                              | 6.2 NAME                                                                                                                                                                                       | <b>Larry Muse</b>                                                                                       |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>1097 SAND POND ROAD</b>                          | 6.3 STREET ADDRESS                                                                                                                                                                             | <b>P. O. Box 2851 N/A</b>                                                                               |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>LAKE MARY FL</b>                                 | 6.4 CITY-ST-ZIP                                                                                                                                                                                | <b>Daytona Beach, FL 32120</b>                                                                          |

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Sherry Fincher

1/16/98

407-333-8877

CR2E037 (10/97)

SEMINOLE COUNTY BETTER LIVING FOR SENIORS, INC.  
BOARD OF DIRECTORS

pg. 2

Manny Alvarez  
IBM Corporation  
315 E. Robinson St.  
Orlando, FL 32801  
W-244-5318/F-244-5316

Rex Anderson  
Seminole County Sheriff's  
Department  
1345 28th Street  
Sanford, FL 32773  
W-834-7304

N/A ✓ Jerry E. Bateman  
President  
Bateman Solutions Network, Inc.  
P. O. Box 620159  
Oviedo, FL 32765-0159  
W-977-2288/F-977-0005

N/A ✓ Mimi Bruce, Secretary  
Mayor of Oviedo  
Nelson & Co.  
P. O. Box 620789  
Oviedo, FL 32765  
W-365-6631/F-366-0145

Linda Cavanaugh  
Checkmate Publications Inc.  
1220 Douglas Ave., Suite 107B  
Longwood, FL 32779  
W-786-5664/F-786-5666

William Costolo  
Lowndes, Drosdick, Doster,  
Kantor & Reed, P.A.  
215 North Eola Drive  
Orlando, FL 32802  
W-418-6263 or 843-4600

J. Fred Dual, Jr.  
Dual Incorporated  
30 Skyline Drive  
Lake Mary, FL 32746  
W-333-8880  
F-333-8850

Merry Jochum  
Palmer & Bagwell, CPA, P.A.  
1900 Boothe Circle, #104  
Longwood, FL 32750  
W-834-2888  
F-834-0970

Terry Hood  
Baldwin Fairchild  
994 E. Altamonte Drive  
Altamonte Springs, FL 32701  
W-898-8111 ext. 210/F-834-1143

Marianne King-O'Connor  
King-O'Connor Company  
1180 Spring Centre, Suite 355  
Altamonte Springs, FL 32714  
W-786-5428/F-788-6251

Richard Lewis  
Past President  
Orlando Lutheran Towers  
300 E. Church Street  
Orlando, FL 32801  
W-425-1033 x7111/F-839-5033

Dale Lind  
Waterman Village  
445 Waterman Avenue  
Mount Dora, FL 32757  
W-352-383-0051-ext. 229  
F-352-383-0081

Larry Muse  
2<sup>nd</sup> Vice President  
Florida Power & Light  
P.O. Box 2851 N/A  
Daytona Beach, FL 32120  
W-904-254-2472/F-904-254-2288

Brian Overby  
1st Vice-President  
Barnett Bank  
2601 SR 434 W  
Longwood, FL 32750-5107  
W-262-7390/F-862-2993

Cary Smith  
Orlando Lutheran Towers  
Home Health  
300 E. Church Street  
Orlando, FL 32801  
W-425-2707  
F-425-5103

Reggie Smith  
Treasurer  
Benefit Solutions, Inc.  
400 E. HWY 436  
Suite 208  
Casselberry, FL 32707  
W-834-0058/F-834-0307

SEMINOLE COUNTY BETTER LIVING FOR SENIORS, INC.  
BOARD OF DIRECTORS

pg. 3

Scott Spielman  
Florida Hospital  
Center for Psychiatry  
601 E. Rollins St.  
Orlando, FL 32803  
W-896-6930/F-898-3243