FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 07, 1999 8:00 am
Secretary of State
04-07-1999 90025 027 ****61.25

DOCUMENT # **N34875**

1. Corporation Name
SEMINOLE COUNTY BETTER LIVING FOR SENIORS, INC.

Principal Place of Business	Mailing Address
1097 SAND POND ROAD LAKE MARY FL 32746 US	1097 SAND POND ROAD LAKE MARY FL 32746 US

2. Principal Place of Business (21):
2a. Mailing Address (26):
Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
City & State (23):
City & State (28):
Zip (24) Country (25):
Zip (29) Country (30):

3. Date Incorporated or Qualified: 10/24/1989
4. FEI Number: 59-2977907 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

BOWEN, ROGER D
% GREENE, DYCUS & CO., P.A.
205 N ELM AVE
SANFORD FL 32771

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	1VP	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	OVERBY, BRIAN		1.2 NAME		
STREET ADDRESS	2601 WEST STATE ROAD 434		1.3 STREET ADDRESS	160 Intn'l Pkwy, Suite 200	
CITY-ST-ZIP	LONGWOOD FL 32750-5107		1.4 CITY-ST-ZIP	Heathrow, FL 32746	
TITLE	~~SD~~	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	~~BRUCE, MIMI~~		2.2 NAME		
STREET ADDRESS	~~POST OFFICE BOX 620769 N/A~~		2.3 STREET ADDRESS		
CITY-ST-ZIP	~~OVIEDO FL~~		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	FINCHER, SHERRY		3.2 NAME		
STREET ADDRESS	1097 SAND POND ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE MARY FL		3.4 CITY-ST-ZIP		
TITLE	P D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BATEMAN, JERRY		4.2 NAME		
STREET ADDRESS	POST OFFICE BOX 620159 N/A		4.3 STREET ADDRESS		
CITY-ST-ZIP	OVIEDO FL 32765-0159		4.4 CITY-ST-ZIP		
TITLE	DT	☐ DELETE	5.1 TITLE	DT/SD	☒ Change ☐ Addition
NAME	SMITH, REGGIE		5.2 NAME	Robbins, Reggie	
STREET ADDRESS	400 E HIGHWAY 436 STE 208		5.3 STREET ADDRESS		
CITY-ST-ZIP	CASSELBERRY FL		5.4 CITY-ST-ZIP		
TITLE	2VP	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MUSE, LARRY		6.2 NAME		
STREET ADDRESS	P.O. BOX 2851 N/A		6.3 STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH FL 32120		6.4 CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE: Sherry Fincher Executive Director — 1/14/99 — 407-333-8877
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)