2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42248

Entity Name: THE SENIOR CENTER, INC.

FILED Jan 07, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 5000 NOB HILL ROAD SUNRISE, FL 33351 **Current Mailing Address: New Mailing Address:** 5000 NOB HILL ROAD SUNRISE, FL 33351 FEI Number: 65-0245068 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WEISS, RICKY 1401 UNIVERSITY DR 101 CORAL SPGS, FL 33041 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: DVP () Change () Addition () Delete GERALD, WILLIAM Name: Name: 5104 WHITE OAK LN Address: Address: City-St-Zip: TAMARAC, FL 33319 City-St-Zip: Title: EXD () Delete Title: () Change () Addition Name: WEISBERG, GAIL Name: Address: 5000 NOB HILL ROAD Address: City-St-Zip: SUNRISE, FL 33351 City-St-Zip: Title: () Delete Title: (X) Change () Addition FRANCIS, GARBER Name: DAVID, SOMMER Name: 6006 ROYAL POINCIANA LN 7601 BANYON WAY Address: Address: City-St-Zip: TAMARAC, FL 33319 City-St-Zip: TAMARAC, FL 33321 Title: DVP () Delete Title: () Change () Addition GARRETT, LINDA Name: Name: 350 E LAS OLAS BLVD Address: Address: City-St-Zip: FT LAUDERDALE, FL 33301 City-St-Zip: Title: () Delete Title: () Change () Addition FINKELSTEIN, RICHARD Name: Name: 2520 LAGUNA TERR Address: Address: City-St-Zip: FT LAUDERDALE, FL 33316 City-St-Zip: Title: () Delete Title: () Change () Addition WILD, STANLEY Name: Name: Address: 6201 ORCHARD TREE LANE Address: FORT LAUDERDALE, FL 33319 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: GAIL WEISBERG EXD 01/07/2005