

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N42248

FILED
Jan 21, 2009
Secretary of State

Entity Name: THE SENIOR CENTER, INC.

Current Principal Place of Business:

5000 NOB HILL ROAD
SUNRISE, FL 33351

New Principal Place of Business:

Current Mailing Address:

5000 NOB HILL ROAD
SUNRISE, FL 33351

New Mailing Address:

FEI Number: 65-0245068

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEISS, RICKY
5501 UNIVERSITY DR 103
CORAL SPGS, FL 33067 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: RICKY WEISS

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DVP () Delete
Name: WEISS, RICKY
Address: 5501 UNIVERSITY DR 103
City-St-Zip: CORAL SPRINGS, FL 33067

Title: EXD () Delete
Name: WEISBERG, GAIL
Address: 5000 NOB HILL ROAD
City-St-Zip: SUNRISE, FL 33351

Title: DT () Delete
Name: DAVID, SOMMER
Address: 9417 ASHTON GARDENS
City-St-Zip: PARKLAND, FL 33076

Title: DVP () Delete
Name: JACOBS, BERNARD H
Address: 6302 NW 73 AVE
City-St-Zip: TAMARAC, FL 33321

Title: PD () Delete
Name: FINKELSTEIN, RICHARD
Address: 2520 LAGUNA TERR
City-St-Zip: FT LAUDERDALE, FL 33316

Title: PD () Delete
Name: WILD, STANLEY
Address: 6201 ORCHARD TREE LANE
City-St-Zip: FORT LAUDERDALE, FL 33319

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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Address:
City-St-Zip:

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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: GAIL WEISBERG

DIR

01/21/2009

Electronic Signature of Signing Officer or Director

Date