

AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

98 NOV 20 PM 12:35

DOCUMENT # **N44613 (0)**

1. Corporation Name

SENIOR AFFAIRS FOUNDATION, INC. REINSTATEMENT



Principal Place of Business

Mailing Address

5343 6TH ST
 ZEPHYRHILLS FL 33541
 US

P OBOX 38
 ZEPHYRHILLS FL 33541
 US

3. Date Incorporated or Qualified
08/09/1991

4. FEI Number **59-3073657**
 Applied For Not Applicable

21	22	23	24	25	26	27	28	29	30
2. Principal Place of Business		2a. Mailing Address		2b. Mailing Address		2c. Mailing Address		2d. Mailing Address	
38105 13TH AVENUE		38105 13TH AVENUE		38105 13TH AVENUE		38105 13TH AVENUE		38105 13TH AVENUE	
ZEPHYRHILLS, FLA.		ZEPHYRHILLS, FLA.		ZEPHYRHILLS, FLA.		ZEPHYRHILLS, FLA.		ZEPHYRHILLS, FLA.	
33541		US		33541		US		PASCO	
PASCO		US		PASCO		US		PASCO	

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
VANSAHT, HOWARD M.
 36538 SR 54 W.
 ZEPHYRHILLS FL 33541

10. Name and Address of New Registered Agent
 81 Name **JOYCE HOPE CARVER**
 82 Street Address (P.O. Box Number is Not Acceptable) **38105 13 TH AVE.**
 83 City **ZEPHYRHILLS, FLA. 33541**
 84 City **FL** 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: *Joyce Hope Carver* (NOTE: Registered Agent signature required when reinstating) **Nov. 18, 1998** (DATE)

12. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	CARVER, JOYCE	
STREET ADDRESS	38105 13TH AVE.	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	VANSANT, LINDA	
STREET ADDRESS	7932 FORT KING RD.	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BURROWS, GRACE	
STREET ADDRESS	5437 NINETH ST.	
CITY-ST-ZIP	ZEPHYRHILLS FL 33540	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DAVID C. OSBORNE	
1.3 STREET ADDRESS	607 S. ALEXANDER ST.	
1.4 CITY-ST-ZIP	PLANT CITY, FLA. 33566	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ALTON CARVER	
2.3 STREET ADDRESS	35018 DOLPHIN LAKE DR.	
2.4 CITY-ST-ZIP	ZEPHYRHILLS, FLA. 33541	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	GRACE BURROWS	
3.3 STREET ADDRESS	5441 6TH STREET	
3.4 CITY-ST-ZIP	ZEPHYRHILLS, FLA. 33541	
4.1 TITLE	EXEC. DIR.	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	ERICA LEIGH CARVER	
4.3 STREET ADDRESS	35018 DOLPHIN LAKE DR.	
4.4 CITY-ST-ZIP	ZEPHYRHILLS, FLA. 33541	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

REINSTATEMENT

B 11/24/98

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 *****236.25 Change Addition

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: *Joyce Hope Carver* Date: **Oct 20, 1998** Daytime Phone #

0014470

CR2E037 (5/98)