

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90064 021 ****61.25

DOCUMENT # N46752

1. Entity Name

PORT SAINT JOHN SENIOR'S INC.



Principal Place of Business

6027 CARDIFF AVE
COCOA FL 32927-0084

Mailing Address

PORT SAINT JOHN SENIORS INC.
P.O. BOX 10084
PORT SAINT JOHN FL 32927

2. Principal Place of Business

Port St John Seniors Inc

Suite, Apt. #, etc.

P.O. Box 10084

City & State

Port St John FL

Zip

32927

Country

FLORIDA

3. Mailing Address

4275 Fay Blk.

Suite, Apt. #, etc.

City & State

Port St John FL

Zip

32927

Country

FLORIDA



MOORE

CR2E037 (11/03)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BIGOS, ED
6027 CARDIFF AVE
COCOA FL 32927

7. Name and Address of New Registered Agent

Name

Rose O'HARA

Street Address (P.O. Box Number is Not Acceptable)

4275 Fay Blk

City

Port St John

FL

Zip Code

32927

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Rose O'HARA

Rose O'Hara

3-19-04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE D
NAME HURST, WILLIAM
STREET ADDRESS 6865 BELFAST AVE.
CITY-ST-ZIP COCOA FL ☒ Delete

TITLE P
NAME O'HARA, ROSE
STREET ADDRESS 4275 FAY BLVD
CITY-ST-ZIP PORT ST. JOHN FL 32927 ☐ Delete

TITLE VP
NAME BARNETT, CHARLES
STREET ADDRESS 4580 FAY BLVD
CITY-ST-ZIP COCOA FL 32927 ☐ Delete

TITLE D
NAME KRUEGER, MARK
STREET ADDRESS 5045 MAYFLOWER ST.
CITY-ST-ZIP COCOA FL ☐ Delete

TITLE T
NAME BIGOS, ED
STREET ADDRESS 6027 CARDIFF AVE
CITY-ST-ZIP PORT SAINT JOHN FL 32927 ☒ Delete

TITLE S
NAME BARNETT, JEAN
STREET ADDRESS 4580 FAX BLVD
CITY-ST-ZIP COCOA FL 32927 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DIRECTOR
NAME LARRY GLEASON
STREET ADDRESS 5420 FRIENDLY ST
CITY-ST-ZIP Port St John FL 32927 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE CLERK
NAME CLERK BLAKLEY
STREET ADDRESS 6170 JANINA RD
CITY-ST-ZIP Port St John FL 32927 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Rose O'Hara

3-19-04

321-631-4034

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #