

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90103 003 ****61.25

DOCUMENT # N46752 1. Entity Name PORT SAINT JOHN SENIOR'S INC.			
Principal Place of Business PORT ST. JOHN SENIORS, INC. P.O. BOX 10084 PORT ST. JOHN, FL 32927		Mailing Address 4275 FAY BLV PORT SAINT JOHN, FL 32927	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 6280 AINSWORTH RD Suite, Apt. #, etc.	
City & State Zip		City & State Port St. John FL Zip 32927	
Country		Country FLORIDA	
4. FEI Number NOT APPLICABLE		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent O'HARA, ROSE 4275 FAY BLV PORT ST. JOHNS, FL 32927		7. Name and Address of New Registered Agent Name SULLIVAN, MARTIN Street Address (P.O. Box Number is Not Acceptable) 6280 AINSWORTH RD. City PORT ST. JOHN FL 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 <u><i>Martin Sullivan</i></u> DATE <u>4-18-08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLENSOR, LARRY 5420 FRIENDLY ST PORT ST. JOHN, FL 32927	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CRAMER, RALPH 7064 HOLLY AVE COCOA FL 32927
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SULLIVAN, MARTIN 6280 AINSWORTH RD PORT ST. JOHN, FL 32927	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SULLIVAN, BRIGITTE 6280 AINSWORTH RD PORT ST. JOHN FL 32927
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BARNETT, CHARLES 4580 FAY BLVD COCOA, FL 32927	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete KRUEGER, MARK 5045 MAYFLOWER ST. COCOA, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BLAKLEY, GLENDA 6170 JANINA RD PORT SAINT JOHN, FL 32927	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HOOVER, HELEN K 7190 PLUTO AVE PORT ST. JOHN, FL 32927	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u><i>Martin Sullivan</i></u>		Date <u>4-18-08</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Daytime Phone #</small>	