


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90040 045 ****70.00

DOCUMENT # N51270 1. Entity Name SENIOR FRIENDSHIP CENTERS FOUNDATION, INC.						
Principal Place of Business 1888 BROTHER GEENEN WAY SARASOTA, FL 34236 US			Mailing Address 1888 BROTHER GEENEN WAY SARASOTA, FL 34236 US			
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.			
City & State			City & State			
Zip		Country		Zip		
Country		Country		4. FEI Number 65-0364819		
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable		
6. Name and Address of Current Registered Agent CARTER, ROBERT 3237 GOLDEN EAGLE LANE SARASOTA, FL 34231			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
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 _____ <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, 2004			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	CD BEEBE, RICHARD 420 BAYSHORE DR. VENICE, FL 34285	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BENNETT, JOAN 2525 COLONY TERR SARASOTA, FL 34239	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD BOYER, EDWIN 2503 89TH ST., NW BRADENTON, FL 34209	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WENGEL, ROBERT 630 OWL WAY SARASOTA, FL 34236	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	WENZEL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	See attached sheet for additions <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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: <u>Robert L. Wenzel</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Robert L. Wenzel 01/12/04 941-953-7777 <small>Date Daytime Phone #</small>		

attachment

Senior Friendship Centers Foundation, Inc.
Form N51270
Additions Block 11

N 51270

Name and Home Address

VCD

Judy Collins
4561 Bayshore Drive
Venice FL 34285
941-485-1448

D

Linda Buettner, CRTS, Ph.D
21035 Churon Ave
Port Charlotte, FL 33952
941-235-9697

D

Pauline Chusid, MD
24 Falconwood Ct
Ft Myers, FL 33919
941-277-1445

D

Kathy Dent
660 Golden Gate Pt #62
Sarasota, FL 34236
941-330-9644

D

Jerline Dixon, MD
6676 St James Crossing
University Park, FL 34201
941-351-4897

D

Brother William J. Geenen, CSC
1635 4th St
Sarasota, FL 34236
941-365-0722

D

Marshal Charles J. Lee
207 Lincoln Ave
Arcadia, FL 34266
863-494-6892

Name and Home Address

D

Anthony Listrom, CPA, JD, CVA
2289 Royal Ln
Naples, FL 34112
239-272-5993

D

Richard M. Morrison, M.D
PO Box 1072
Boca Grande, FL 33921
941-964-0472.

D

Sewall M. Pastor, MD
207 Harbour Dr, Apt 6
Naples, FL 34103
941-262-3044

D

Ms. Beth A. Prather
1227 Walden Drive
Ft Myers, FL 33901
239-275-6777

D

Molleen Pust
1635 4th St
Sarasota, FL 34236
941-365-3052