

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N51270

FILED
Mar 10, 2006
Secretary of State

Entity Name: SENIOR FRIENDSHIP CENTERS FOUNDATION, INC.

Current Principal Place of Business:

1888 BROTHER GEENEN WAY
SARSOTA, FL 34236 US

New Principal Place of Business:

Current Mailing Address:

1888 BROTHER GEENEN WAY
SARSOTA, FL 34236 US

New Mailing Address:

FEI Number: 65-0364819

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CARTER, ROBERT
3237 GOLDEN EAGLE LANE
SARASOTA, FL 34231 US

Name and Address of New Registered Agent:

CARTER, ROBERT J P/CEO
3237 GOLDEN EAGLE LANE
SARASOTA, FL 34231 US

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: ROBERT J. CARTER

03/10/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: DENT, KATHY
Address: 660 GOLDEN GATE PT #62
City-St-Zip: SARASOTA, FL 34236

Title: T () Delete
Name: LISTRON, ANTHONY
Address: 2289 ROYAL LANE
City-St-Zip: NAPLES, FL 34112

Title: VC () Delete
Name: WENZEL, ROBERT
Address: 630 OWL WAY
City-St-Zip: SARASOTA, FL 34236

Title: C () Delete
Name: COLLINS, JUDY
Address: 4561 BAYSHORE DRIVE
City-St-Zip: VENICE, FL 34285

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: T (X) Change () Addition
Name: LISTRON, ANTHONY
Address: 5320 BERKELEY DRIVE
City-St-Zip: NAPLES, FL 34112

Title: () Change () Addition
Name:
Address:
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 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: JUDY COLLINS

C

03/10/2006

Electronic Signature of Signing Officer or Director

Date