


5-6-97 B-6463 C
FILE NOW: FILING FEE IS \$61.25

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May 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000003407 (4)

1. Corporation Name

SENIOR NETWORKING, INC.



Principal Place of Business

Mailing Address

311 N KNOWLES AVENUE
SUITE 401
WINTER PARK FL 32789

311 N KNOWLES AVENUE
SUITE 401
WINTER PARK FL 32789-3448

3. Date Incorporated or Qualified
07/23/1993

3a. Date of Last Report
06/21/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

4. FEI Number
59-3196831

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for Intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THARP, THELMA
311 N KNOWLES AVE
#401
WINTER PARK FL 32789

81 Name

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

83

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PTDS	<input type="checkbox"/> DELETE
NAME	THARP, THELMA	
STREET ADDRESS	311 N KNOWLES, #401	
CITY - ST - ZIP	WINTER PARK FL 32789	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BRIDGES, WARREN	
STREET ADDRESS	2110 FREDERICA DRIVE	
CITY - ST - ZIP	ORLANDO FL 32812	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	FIDLER, JEFFREY	
STREET ADDRESS	3411 LIMETREE DRIVE	
CITY - ST - ZIP	EDGEWATER FL 32141	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SUNABIA, ABBY	
STREET ADDRESS	3714-A SILVER STAR RD.	
CITY - ST - ZIP	ORLANDO FL 32808	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	FIDLER, MELANIE	
STREET ADDRESS	1754 DENMAN DRIVE	
CITY - ST - ZIP	APOPKA FL 32703	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BUGNACKI, MARY	
STREET ADDRESS	5419 SPAATZ AVE.	
CITY - ST - ZIP	ORLANDO FL 32839	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DONALD LOTTON	
1.3 STREET ADDRESS	4106 Floralwood ct.	
1.4 CITY - ST - ZIP	Orlando 32812	
2.1 TITLE	B.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JULIE L. BETTOSINI	
2.3 STREET ADDRESS	17 MOOR GREEN CT.	
2.4 CITY - ST - ZIP	OCOE, FL. 34761	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	GARY BUGNACKI	
3.3 STREET ADDRESS	5419 SPAATZ AVE.	
3.4 CITY - ST - ZIP	ORLANDO, FL. 32839	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	KEN GILLETTE	
4.3 STREET ADDRESS	1140 S Orlando Ave.	
4.4 CITY - ST - ZIP	MAITLAND, FL. 32751	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	ISA CUZACK	
5.3 STREET ADDRESS	12725 PADDLE COURT	
5.4 CITY - ST - ZIP	ORLANDO FL. 32828	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THELMA THARP
401-740-6828

Date

Daytime Phone #0012528

CR25037 (9/96)