

FILE NOW: FILING FEE IS \$61.25

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Jun 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000003407 1. Corporation Name SENIOR NETWORKING, INC

Principal Place of Business 4836 Tangerine Ave. Winter Park, Fl 32792	Mailing Address 4836 Tangerine Ave Winter Park, Fl 32792
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2. Principal Place of Business 21 4836 Tangerine Ave Suite, Apt. #, etc. 22 City & State 23 Winter Park, Fl. Zip 24 32792	2a. Mailing Address 26 4836 Tangerine Ave. Suite, Apt. #, etc. 27 City & State 28 Winter Park, Fl. Zip 29 32792 Country 30 USA
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3. Date Incorporated or Qualified 7/23/1993	
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
7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No	

8. Name and Address of Current Registered Agent Thelma Tharp 4836 Tangerine Ave Winter Park, Fl. 32792

10. Name and Address of New Registered Agent 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE	PTDS
NAME	Thelma Tharp
STREET ADDRESS	4836 Tangerine Ave
CITY-ST-ZIP	Winter Park, Fl. 32792
TITLE	D
NAME	Gary Bugnacki
STREET ADDRESS	5419 Spaatz Ave.
CITY-ST-ZIP	Orlando, Fl. 32839
TITLE	D
NAME	David Matthews
STREET ADDRESS	17C Georgetown Drive
CITY-ST-ZIP	Casselberry, Fl. 32707
TITLE	D
NAME	Julie Betosini
STREET ADDRESS	17 Moor Green Ct.
CITY-ST-ZIP	Ocoee Fl. 34761
TITLE	D
NAME	Ken Gilette
STREET ADDRESS	1140 S. Orlando Ave.
CITY-ST-ZIP	Maitland, Fl. 32751
TITLE	VD
NAME	Warren Bridges
STREET ADDRESS	2110 Frederica Drive
CITY-ST-ZIP	Orlando, Fl. 32812

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D
1.2 NAME	Abby Sunabia
1.3 STREET ADDRESS	711 E. Colonial Ave.
1.4 CITY-ST-ZIP	Orlando, Fl
2.1 TITLE	D
2.2 NAME	Isa Cuzack
2.3 STREET ADDRESS	12725 Paddle Ct.
2.4 CITY-ST-ZIP	Orlando, Fl. 32828
3.1 TITLE	D
3.2 NAME	Steve Zwicker
3.3 STREET ADDRESS	5050 S. Highway 17-92
3.4 CITY-ST-ZIP	Casselberry, Fl. 32707
4.1 TITLE	D
4.2 NAME	David Altschuler
4.3 STREET ADDRESS	8134 Golden Sands Drive
4.4 CITY-ST-ZIP	Orlando, Fl. 32819
5.1 TITLE	D
5.2 NAME	Donald Lotton
5.3 STREET ADDRESS	4106 Floralwood Ct.
5.4 CITY-ST-ZIP	Orlando, Fl. 32812
6.1 TITLE	3000002554652
6.2 NAME	- 06/10/98 - 01049 - 031
6.3 STREET ADDRESS	44401.25
6.4 CITY-ST-ZIP	

14. 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 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: *Thelma Tharp*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: _____ Daytime Phone: _____

CR2E037 (10/97)