SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 5, 1995.
AMOUNT DUE ON OR BEFORE 8/5/95: $150 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $500)

NONPROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
1995 JUL 13 AM 8:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000003206 (9)

1. Corporation Name
CHRISTIAN SENIORS OF AMERICA, INC.

Principal Place of Business	Mailing Address
201 EAST PINE ST. SUITE 850 ORLANDO FL 32801	201 EAST PINE ST. SUITE 850 ORLANDO FL 32801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/27/1994
3a. Date of Last Report:
4. FEI Number: 59-3319090 ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21 501 E. OAK ST	26 501 E. OAK ST
Suite, Apt. #, etc. 22 SUITE F	Suite, Apt. #, etc. 27 SUITE F
City & State 23 KISSIMMEE, FL	City & State 28 KISSIMMEE, FL
Zip / Country 24 34744 / 25 OSCEOLA	Zip / Country 29 34744 / 30 OSCEOLA

9. Name and Address of Current Registered Agent

JOUGHIN, LESLIE E III
100 NORTH TAMPA ST.
SUITE 2800
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name: NORMAN, AUSTIN D.
82 Street Address (P.O. Box Number is Not Acceptable): 501 E. OAK ST. ~~STE F~~
83 SUITE F
84 City: KISSIMMEE FL 85 Zip Code: 34744

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: AUSTIN D. NORMAN Austin D Norman 7/3/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T TULLY, WILLIAM E 201 E. PINE ST., STE. 850 ORLANDO FL 32801	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☑ Change ☐ Addition TULLY, WILLIAM E. 501 E. OAK ST. STE. F KISSIMMEE, FL 34744
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T NORMAN, AUSTIN D 201 E. PINE ST., STE. 850 ORLANDO FL 32801	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☑ Change ☐ Addition NORMAN, AUSTIN D 501 E. OAK ST. STE. F KISSIMMEE, FL 34744
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T URBAN, WADE 201 E. PINE ST., STE. 850 ORLANDO FL 32801	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☑ Change ☐ Addition URBAN, WADE 501 E. OAK ST. STE. F KISSIMMEE FL, 34744
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CRAIN, NAOMI 201 E. PINE ST., STE. 850 ORLANDO FL 32801	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☑ Change ☐ Addition CRAIN, NAOMI 501 E. OAK ST. STE.F KISSIMMEE, FL. 34744
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T KAPOOR, SUNIL 201 E. PINE ST., STE. 850 ORLANDO FL 32801	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☑ Change ☐ Addition KAPOOR, SUNIL 501 E. OAK ST. STE. F KISSIMMEE, FL 34744
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: William E Tully Dir. T. 6/12/95 407-932-1200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
William E. Tully

0004396