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May 22 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N96000004503 (6)

1. Corporation Name

SENIORNET LEARNING CENTER OF CENTRAL FLORIDA, IN C.



Principal Place of Business

Mailing Address

99 E. MARKS ST  
ORLANDO FL 32801

99 E. MARKS ST  
ORLANDO FL 32803-3814

3. Date Incorporated or Qualified  
08/26/1996

3a. Date of Last Report

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 32803

25 Orange

29

30

4. FEI Number  
59-3401020

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

COLBERT, MICHELE  
705 BAFFIE AVENUE  
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

*Ted Goodwin*

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

(NOTE: Registered Agent signature required when reinstating)

4-17-97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE  
NAME P/D Ted Goodwin  
STREET ADDRESS 3018 Dellwood Dr.  
CITY-ST-ZIP Orlando, FL 32806

1.1 TITLE D Bert Hood  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS 3251 Kew Gardens Lane  
1.4 CITY-ST-ZIP Orlando, FL 32812

TITLE  DELETE  
NAME V/D Tom Springall  
STREET ADDRESS 8648 Great Cove Dr.  
CITY-ST-ZIP Orlando, FL 32819

2.1 TITLE D Ruth Rosen  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS 1129 Sunwood Lane  
2.4 CITY-ST-ZIP Orlando, FL 32807

TITLE D John Prete  DELETE  
NAME  
STREET ADDRESS 606 E. Orange St.  
CITY-ST-ZIP Altamonte Springs, FL 32701

3.1 TITLE D Dale Kuhns  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS 2504 S. Winding Ridge Lane  
3.4 CITY-ST-ZIP Kissimmee, FL 34741

TITLE S/D Marilyn Pearson  DELETE  
NAME  
STREET ADDRESS 43 W. Crest Ave.  
CITY-ST-ZIP Orlando, FL 34787

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D John Beale  DELETE  
NAME  
STREET ADDRESS P. O. Box 950922 N/A  
CITY-ST-ZIP Lake Mary, FL 32795

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE T/D Awbrey Norris  DELETE  
NAME  
STREET ADDRESS 965 Troon Tracé  
CITY-ST-ZIP Winter Springs, FL 32708

6.1 TITLE  Change  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:

*Ted Goodwin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-15-97

Date

Daytime Phone # 0018270

CR2E037 (9/96)