

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004503

FILED
Apr 28, 2004
Secretary of State

Entity Name: SENIORNET LEARNING CENTER OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

99 E. MARKS ST
ORLANDO, FL 32803 US

New Principal Place of Business:

Current Mailing Address:

99 E. MARKS ST
ORLANDO, FL 32801

New Mailing Address:

FEI Number: 59-3401020

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AARONSON, RENEE
940 PONYTAIL PALM CIR
OVIEDO, FL 32765 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: CHAPMAN, ROSE MARIE
Address: 5388 E. GRANT ST.
City-St-Zip: ORLANDO, FL 32803

Title: PD () Delete
Name: SPRINGALL, TOM
Address: 8648 GREAT COVE DR
City-St-Zip: ORLANDO, FL 32819

Title: VD () Delete
Name: BEALE, JOHN
Address: P.O. BOX 950922 N/A
City-St-Zip: LAKE MARY, FL 32795

Title: TD () Delete
Name: AARONSON, RENEE
Address: 940 PONYTAIL PALM CIR
City-St-Zip: OVIEDO, FL 32765

Title: D () Delete
Name: BRISSANT, BEVERLY
Address: 3280 BRIDGE HAMPTON LN.
City-St-Zip: ORLANDO, FL 32812

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: LINQUIST, PAT
Address: 1013 GOLF VALLEY DR
City-St-Zip: APOPKA, FL 32712

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

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

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 Section 119.07(3)(i), 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: RENEE AARONSON

TD

04/28/2004

Electronic Signature of Signing Officer or Director

Date