

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 28, 2004  
Secretary of State**

DOCUMENT# N96000004503

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