


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90136 006 ****61.25

DOCUMENT # N96000004503 1. Entity Name SENIORNET LEARNING CENTER OF CENTRAL FLORIDA, INC.					
Principal Place of Business 99 E. MARKS ST ORLANDO, FL 32803 US			Mailing Address 99 E. MARKS ST ORLANDO, FL 32801		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3401020	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AARONSON, RENEE 940 PONYTAIL PALM CIR OVIEDO, FL 32765				7. Name and Address of New Registered Agent Name TOM SPRINGALL Street Address (P.O. Box Number is Not Acceptable) 8648 GREAT COVE DR City ORLANDO FL Zip Code 32819	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u><i>Tom Springall</i></u> , TOM SPRINGALL, PRESIDENT 1-27-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LINQUIST, PAT 1013 GOLF VALLEY DR APOPKA, FL 32712	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WANDA BROCKET 3206 LK ANDERSON AVE ORLANDO, FL 32812
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SPRINGALL, TOM 8648 GREAT COVE DR ORLANDO, FL 32819	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JULIAN POLGAR 1105 SALERNO CT ORLANDO FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BEALE, JOHN P.O. BOX 950922 N/A LAKE MARY, FL 32795	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD AARONSON, RENEE 940 PONYTAIL PALM CIR OVIEDO, FL 32765	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRISANT, BEVERLY 3280 BRIDGE HAMPTON LN. ORLANDO, FL 32812	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JULIAN POLGAR 1105 SALERNO	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Tom Springall</i></u>, TOM SPRINGALL 1-27-05 407-363-7815 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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01272005 Chg-NP CR2E037 (10/03)