

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 08:00 AM
Secretary of State

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



01292008 No Chg-NP CRZE037 (11/05)

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4. FEI Number 59-3401020	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPRINGALL, TOM
 8648 GREAT COVE DRIVE
 ORLANDO, FL 32819

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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 _____ DATE _____
Signatures, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

Filing Fee is \$61.25 Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BROCKET, WANDA 3206 LAKE ANDERSON BOULEVARD ORLANDO, FL 32812
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SPRINGALL, TOM 8648 GREAT COVE DR ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BEALE, JOHN P.O. BOX 950922 N/A LAKE MARY, FL 32795
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD POLGAR, JULIAN 1105 SALERNO COURT ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRISSANT, BEVERLY 3280 BRIDGE HAMPTON LN. ORLANDO, FL 32812
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 02/17/06-80021-012 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: J Polgar JULIAN POLGAR 1/30/06 407-872-0926
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #