

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004503

FILED  
May 05, 2009  
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:**

99 E. MARKS ST  
SUITE 112  
ORLANDO, FL 32803 US

**Current Mailing Address:**

99 E. MARKS ST  
ORLANDO, FL 32801

**New Mailing Address:**

99 E. MARKS ST  
SUITE 112  
ORLANDO, FL 32803 US

FEI Number: 59-3401020      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

SPRINGALL, TOM  
8648 GREAT COVE DRIVE  
ORLANDO, FL 32819 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: FROST, SANDY  
Address: 101 E HIGHLAND STREET  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

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

Title: VD ( ) Delete  
Name: BIGEL, SHELIA  
Address: 1676 KERSLEY CIRCLE  
City-St-Zip: HEATHROW, FL 32746

Title: TD ( ) Delete  
Name: BYRD, LORENA  
Address: 153 PEACOCK DRIVE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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:

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: LORENA BYRD

TD

05/05/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date