

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