

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2008 8:00 am
Secretary of State

02-12-2008 90060 001 ***140.00

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1. Entity Name
SENIORNET, INC.



Principal Place of Business
**2285 FIRST STREET
FT. MYERS, FL 33901**

Mailing Address
**2285 FIRST STREET
FT. MYERS, FL 33901**

66001089



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01152008

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number

59-1854441

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WADE, LEIGH
2285 FIRST STREET
FT. MYERS, FL 33901**

Name **Leigh Wade Schield**

Street Address (P.O. Box Number is Not Acceptable)

2285 First Street

Fort Myers

City

Fort Myers

FL

Zip Code
33901

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 **Leigh Wade Schield, Executive Director** *Leigh Wade Schield* **1/23/08**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 **D** ☐ Delete
NAME **JOHNSON, ROBERT**
STREET ADDRESS **14517 AERIES WAY DRIVE**
CITY-ST-ZIP **FORT MYERS, FL 33912**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **WADE, LEIGH**
STREET ADDRESS **2285 FIRST STREET**
CITY-ST-ZIP **FORT MYERS, FL 33901**

TITLE **D** ☒ Change ☐ Addition
NAME **Schild, Leigh Wade**
STREET ADDRESS **2285 First Street**
CITY-ST-ZIP **Fort Myers, FL 33901**

TITLE **S** ☐ Delete
NAME **HALLENBECK, KAREN**
STREET ADDRESS **23201 HEMENWAY AVE**
CITY-ST-ZIP **PORT CHARLOTTE, FL 33983**

TITLE **D** ☒ Change ☐ Addition
NAME **Hallenbeck, Karen**
STREET ADDRESS **23201 Hemenway Avenue**
CITY-ST-ZIP **Port Charlotte, FL 33983**

TITLE **D** ☐ Delete
NAME **KOEHLER, JOHN**
STREET ADDRESS **2875 PALM BEACH BOULEVARD C-601**
CITY-ST-ZIP **FORT MYERS, FL 33916**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **MANNING, NAOMI**
STREET ADDRESS **3283 ELKCAM BOULEVARD**
CITY-ST-ZIP **PUNTA GORDA, FL 33983**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **DRYBROUGH, ROSEMARY**
STREET ADDRESS **1730 STARLING DR**
CITY-ST-ZIP **SARASOTA, FL 34231**

TITLE **S** ☐ Change ☒ Addition
NAME **Nowak, Leigh Anna**
STREET ADDRESS **1304 Odyssey Court**
CITY-ST-ZIP **Punta Gorda, FL 33983**

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: **Leigh Wade Schield, Director** *Leigh Wade Schield* **1/23/08** **239 332-4233**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #