


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90034 008 ****61.25

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|---|---|---|---|
| DOCUMENT # N97000000733 | |  | |
| 1. Entity Name NORTH FLORIDA SENIOR CITIZENS NETWORK, INCORPORATED | | | |
| Principal Place of Business 2639 N MONROE ST #145-B TALLAHASSEE FL 32303 | | Mailing Address 2639 N MONROE ST #145-B TALLAHASSEE FL 32303 | |
| 2. Principal Place of Business 2414 MAHAN DRIVE | | 3. Mailing Address 2414 MAHAN DRIVE | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State TALLAHASSEE, FL | | City & State TALLAHASSEE, FL | |
| Zip 32308 | Country LEON | Zip 32308 | Country LEON |
| 6. Name and Address of Current Registered Agent DRAKE, JAMES E JR 2639 N MONROE ST #145-B TALLAHASSEE FL 32303 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | |
| FILE NOW: 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 | D MOCK, LAURA F P O BOX 1003 PERRY FL 32347 <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 | TRD MORRIS, CHARLES R JR. P.O. BOX 693 N/A BRISTOL FL 32321 <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 DRAKE, JIM 2236 BOURGOGNE DR TALLAHASSEE FL 32303 <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 | VD TREGLOWN, NOLAN F P.O. BOX 374 N/A PORT ST. JOE FL 32456 <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 | PD VINTON, LINDA DR. 3109 DUNKELD PLACE TALLAHASSEE FL 32303 <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 | <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: *James E. Drake, Jr.* **JAMES E. DRAKE, JR.** **SECRETARY** **1/31/05 (850) 418-0055**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

RECEIVED JAN 28 2005