

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2007 08:00 AM
Secretary of State

DOCUMENT # N97000000733

1. Entity Name

**NORTH FLORIDA SENIOR CITIZENS NETWORK,
INCORPORATED**



Principal Place of Business

**2414 MAHAN DRIVE
TALLAHASSEE FL 32308**

Mailing Address

**2414 MAHAN DRIVE
TALLAHASSEE FL 32308**

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

31-1555902

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

1st MOORE

CR2E037 (10/06)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DRAKE, JAMES E JR
2414 MAHAN DR
TALLAHASSEE FL 32308-5302**

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP
**D
MOCK, LAURA F
P O BOX 1003
PERRY FL 32347**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP
**TRD
MORRIS, CHARLES R JR.
P.O. BOX 693 N/A
BRISTOL FL 32321**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP
**SD
DRAKE, JIM
2236 BOURGOGNE DR
TALLAHASSEE FL 32303**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP
**VD
TREGLOWN, NOLAN F
P.O. BOX 374 N/A
PORT ST. JOE FL 32456**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP
**PD
VINTON, LINDA DR.
3109 DUNKELD PLACE
TALLAHASSEE FL 32303**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP
**U000000666352
03/23/07-80066-028 61.25**

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

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

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CITY-STATE-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

James E. Drake Jr

James E Drake Jr 13 March 2007 8504880055

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #