

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 90715 026 ****61.25

DOCUMENT # N97000002369

1. Entity Name

SENIOR SOCIETY OF FRIENDS, INC.

Principal Place of Business

Mailing Address

**118 WEERTS ROAD
 SAN MATEO FL 32187**

**116 WEERTS ROAD
 SAN MATEO FL 32187**

80121975



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

110 Weerts Road

3. Mailing Address

110 Weerts Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

San Mateo FL

City & State

San Mateo FL

4. FEI Number

59-3445965

Applied For

Not Applicable

Zip

32187

Country

USA

Zip

32187

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**FAGAN, EUGENE
 116 WEERTS ROAD
 SAN MATEO FL 32187**

7. Name and Address of New Registered Agent

Name

Same

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

110 Weerts Road

City

San Mateo

FL

FL

Zip Code

32187

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	FAGAN, EUGENE	
STREET ADDRESS	116 WEERTS ROAD	
CITY-ST-ZIP	SAN MATEO FL 32187	
TITLE	D	<input type="checkbox"/> Delete
NAME	FAGAN, JANET	
STREET ADDRESS	116 WEERTS ROAD	
CITY-ST-ZIP	SAN MATEO FL 32187	
TITLE	D	<input type="checkbox"/> Delete
NAME	LYLES, DONNA G	
STREET ADDRESS	5100 E ELMHURST RD, STE E	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Eugene Fagan

4/30/02

380-325-1333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)