

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91219 049 ****61.25

DOCUMENT # N97000002369

1. Entity Name

SENIOR SOCIETY OF FRIENDS, INC.



Principal Place of Business

**110 WEERTS ROAD
SAN MATEO FL 32187**

Mailing Address

**110 WEERTS ROAD
SAN MATEO FL 32187**

11005502



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

SAN MATEO FL.

3. Mailing Address

110 WEERTS RD.

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

Zip

32187

Country

USA

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

FAGAN, EUGENE

110 WEERTS ROAD

SAN MATEO FL 32187

Name

EUGENE FAGAN

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

110 WEERTS RD.

City

SAN MATEO

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **EUGENE FAGAN DIRECTOR**

4-17-03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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)(l), 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 DIRECTOR**

APR 11 1573 386-328-6664

CR2037 (10/02)