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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N97000007187

1. Corporation Name  
CENTRAL FLORIDA YOUNG AT HEART SENIORS, INC.

Principal Place of Business  
1007 STUCKI TERRACE  
WINTER GARDEN FL 34787

Mailing Address  
1007 STUCKI TERRACE  
WINTER GARDEN FL 34787



2. Principal Place of Business  
21 1007 Stucki Terrace  
22 Winter Garden, Fl. 34787  
23 City & State  
24 34787 25 Orange

2a. Mailing Address  
26 1007 Stucki Terrace  
27 Winter Garden, Fl. 34787  
28 City & State  
29 34787 30 Orange

3. Date Incorporated or Qualified  
01/01/1998

4. FEI Number  
59-3552729

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing  \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent  
WILDER, CHARLIE M  
1007 STUCKI TERRACE  
WINTER GARDEN FL 34787

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Charlie Mae Wilder, Treasurer *Charlie Mae Wilder* February 15, 1999  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD MCDONALD, ROSEMARY J 309 N. NORMANDE AVE ORLANDO FL 32835	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD SHANKS, LILLIE P.O. BOX 607057 (NA) ORLANDO FL 32860	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	SD HAMMOCK, SARA P.O. BOX 351 PLYMOUTH FL 32819	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	Secretary
STREET ADDRESS		3.3 STREET ADDRESS	Juanita Montero
CITY-ST-ZIP		3.4 CITY-ST-ZIP	7638 Dione Court Orlando, Fl. 32822
TITLE	ASD ZACKERY, BOBBIE 1826 MABLE BUTLER AVE ORLANDO FL 32805	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	CD DIXON, MILDRED 1089 NORTH CIRCLE WINTER GARDEN FL 34787-4296	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D WILDER, CHARILE M 1007 STUCKI TERRACE WINTER GARDEN FL 34787	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Charlie Mae Wilder *Charlie Mae Wilder* 2/15/99 (407)656-7200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)