

5/14/01

**FILED**  
**Jul 05, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90235 037 \*\*\*\*70.30

**2001 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # N97000007187**

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3552729**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WILDER, CHARLIE M**  
**1007 STUCKI TERRACE**  
**WINTER GARDEN FL 34787**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
FEE IS \$81.25**

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: PD  
NAME: WILDER, CHARLIE M  
STREET ADDRESS: 1007 STUCKI TERRACE  
CITY-ST-ZIP: WINTER GARDEN FL 34787-4298  Delete

TITLE: VD  
NAME: SHANKS, LILLIE  
STREET ADDRESS: P.O. BOX 607057 (NA)  
CITY-ST-ZIP: ORLANDO FL 32860  Delete

TITLE: S  
NAME: CARTAGENA, WILLEOLA  
STREET ADDRESS: 4127 LENNOX BLVD  
CITY-ST-ZIP: ORLANDO FL 32811  Delete

TITLE: CS D  
NAME: JEFFERSON, LORETHA  
STREET ADDRESS: 4128 LENNOX BLVD  
CITY-ST-ZIP: ORLANDO FL 32811  Delete

TITLE: CD  
NAME: DIXON, MILDRED  
STREET ADDRESS: 1089 NORTH CIRCLE  
CITY-ST-ZIP: WINTER GARDEN FL 34787-4298  Delete

TITLE: TD  
NAME: POLLARD, STROMA  
STREET ADDRESS: 119 CHISHOLM STREET  
CITY-ST-ZIP: APOPKA FL 32703  Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE:  Change  Addition

TITLE:  Change  Addition

TITLE:  Change  Addition  
NAME: Doretha Godfrey  
STREET ADDRESS: 5225 Lanette Street  
CITY-ST-ZIP: Orlando, FL 32811

TITLE:  Change  Addition

TITLE:  Change  Addition

TITLE:  Change  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 817, 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:

*Charles M. Wilder*  
**SIGNATURE REQUIRED**

*May 31, 2001*

*407 656-7200*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2037 (10/00)

Attachment  
#N9700007187

The addresses shown are  
mailing and business for  
each director.

Charlie Mae Wilder

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