


FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90073 020 ****70.00

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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		
State, Apt #, etc.			State, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
4. FEI Number 59-3552729				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				04272005 Chg-NP CR2E037 (10/03)	
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				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				City	
State				State	
Zip Code				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and filer if applicable (NOTE: Registered Agent signature required when changing)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$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	VD	<input type="checkbox"/> Delete	TITLE	DP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONTRX, JUANITA		NAME	Montero	Corrected Name
STREET ADDRESS	7638 DIONE CT		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32822		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	CS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERRILL, JUDITH		NAME		
STREET ADDRESS	11 COLLIER AVE		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL 33815		CITY-ST-ZIP		
TITLE	GS	<input type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEFFERON, LORETHA		NAME		
STREET ADDRESS	4126 LENNOX BLVD		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32811		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOSTER, FANNIE		NAME		
STREET ADDRESS	243 MARY STREET		STREET ADDRESS		
CITY-ST-ZIP	WINTER GARDEN, FL 34787		CITY-ST-ZIP		
TITLE	DE	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILDER, CHARLIE MAE		NAME		
STREET ADDRESS	1007 STUCKI TERRACE		STREET ADDRESS		
CITY-ST-ZIP	WINTER GARDEN, FL 347874206		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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 an otherwise empowered.					
SIGNATURE: <u>Charlie Mae Wilder</u> <u>Charlie Mae Wilder</u> 4/26/05 407 654-0515					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					