


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # N97000007187
 1. Entity Name
CENTRAL FLORIDA YOUNG AT HEART SENIORS, INC.



Principal Place of Business Mailing Address
1007 STUCKI TERRACE **1007 STUCKI TERRACE**
WINTER GARDEN FL 34787 **WINTER GARDEN FL 34787**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

WILDER, CHARLIE M
1007 STUCKI TERRACE
WINTER GARDEN FL 34787



1st MOORE CR2E037 (10/05)

4. FEI Number Applied For
59-3552729 Not Applicable

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

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

SIGNATURE Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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		
TITLE	DP	<input type="checkbox"/> Delete
NAME	MONTERO, JUANITA	
STREET ADDRESS	7638 DIONE CT	
CITY-ST-ZIP	ORLANDO FL 32822	
TITLE	CS	<input type="checkbox"/> Delete
NAME	MERRILL, JUDITH	
STREET ADDRESS	11 COLLIER AVE	
CITY-ST-ZIP	LAKELAND FL 33815	
TITLE	S	<input type="checkbox"/> Delete
NAME	JEFFERON, LORETHA	
STREET ADDRESS	4128 LENNOX BLVD	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE	T	<input type="checkbox"/> Delete
NAME	FOSTER, FANNIE	
STREET ADDRESS	243 MARY STREET	
CITY-ST-ZIP	WINTER GARDEN FL 34787	
TITLE	DE	<input type="checkbox"/> Delete
NAME	WILDER, CHARLIE MAE	
STREET ADDRESS	1007 STUCKI TERRACE	
CITY-ST-ZIP	WINTER GARDEN FL 34787-4296	
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"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Charlie Mae Wilder* Charlie Mae Wilder 3-31-06