2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2007 8:00 am
Secretary of State
05-11-2007 90033 044 ****70.00

DOCUMENT # N97000007187

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

40111157

Principal Place of Business
~~1007 STUCKI TERRACE~~ 284 11th Street
WINTER GARDEN, FL 34787

Mailing Address
~~1007 STUCKI TERRACE~~ 284 11th St.
WINTER GARDEN, FL 34787

04252007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3552729
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WILDER, CHARLIE M
~~1007 STUCKI TERRACE~~ 284 11th Street
WINTER GARDEN, FL 34787

DO NOT WRITE IN THIS SPACE

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	MONTERO, JUANITA Rose mary J. mc Donald
STREET ADDRESS	7638 DIONE CT 309 N. Normandale Ave.
CITY-ST-ZIP	ORLANDO, FL 32822 Orlando, Fl. 32835
TITLE	DCS
NAME	MERRILL, JUDITH
STREET ADDRESS	11 COLLIER AVE
CITY-ST-ZIP	LAKELAND, FL 33815
TITLE	S
NAME	JEFFERON, LORETHA
STREET ADDRESS	4128 LENNOX BLVD
CITY-ST-ZIP	ORLANDO, FL 32811
TITLE	T Delete
NAME	FOSTER, FANNIE
STREET ADDRESS	243 MARY STREET
CITY-ST-ZIP	WINTER GARDEN, FL 34787
TITLE	DE D
NAME	WILDER, CHARLIE MAE
STREET ADDRESS	~~1007 STUCKI TERRACE~~ 284 11th Street
CITY-ST-ZIP	WINTER GARDEN, FL 34787~~4206~~
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 Executive Director 4/25/07 407 656-8325
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #