


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2008 08:00 AM
Secretary of State

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

| | |
|---|---|
| Principal Place of Business 284 115TH STREET WINTER GARDEN FL 34787 | Mailing Address 284 115TH STREET WINTER GARDEN FL 34787 |
|---|---|



| | | |
|---|---|------------------------------------|
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country | 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country | 4. FEI Number 59-3552729 |
|---|---|------------------------------------|

1st MOORE CR2E037 (10/07)

| | |
|---|--|
| 6. Name and Address of Current Registered Agent WILDER, CHARLIE M 284 115TH STREET 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____

(NOTE: Registered Agent signature is required with registering)

| | | |
|---|---|--|
| FILE NOW: FEE IS \$61.25 Due By: May 1, 2008 | 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 NAME STREET ADDRESS CITY-ST-ZIP | DP MCDONALD, ROSEMARY J 309 N. NORMANDALE AVE ORLANDO FL 32835 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 000000942851 05/29/08-80037-019 70.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DCS MERRILL, JUDITH 11 COLLIER AVE LAKELAND FL 33815 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S JEFFERON, LORETHA 4128 LENNOX BLVD ORLANDO FL 32811 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WILDER, CHARLIE MAE 284 115TH STREET WINTER GARDEN FL 34787 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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* *4-25-08* *407 656-8325*