## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N97000007187

FILED Apr 28, 2009 Secretary of State

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

**New Principal Place of Business: Current Principal Place of Business:** 284 115TH STREET WINTER GARDEN, FL 34787 **Current Mailing Address: New Mailing Address:** 284 115TH STREET WINTER GARDEN, FL 34787 FEI Number: 59-3552729 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WILDER, CHARLIE M 284 115TH STREET WINTER GARDEN, FL 34787 US 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete MCDONALD, ROSEMARY J Name: Name: 309 N. NORMANDALE AVE Address: Address: City-St-Zip: ORLANDO, FL 32835 City-St-Zip: Title: DCS () Delete Title: (X) Change ( ) Addition Name: MERRILL, JUDITH Name: WILLIS, DAISY Address: 11 COLLIER AVE Address: 445 13TH STREET City-St-Zip: LAKELAND, FL 33815 City-St-Zip: APOPKA, FL 32703 Title: () Delete Title: (X) Change ( ) Addition JEFFERON, LORETHA JEFFERON, LORETHA Name: Name: Address: 4128 LENNOX BLVD Address: 4128 LENNOX BLVD City-St-Zip: ORLANDO, FL 32811 City-St-Zip: ORLANDO, FL 32811 Title: ( ) Delete Title: DED (X) Change ( ) Addition WILDER, CHARLIE MAE Name: Name: WILDER, CHARLIE MAE Address: 284 115TH STREET Address: 284 115TH STREET City-St-Zip: WINTER GARDEN, FL 34787 City-St-Zip: WINTER GARDEN, FL 34787

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHALIE MAE WILDER DED 04/28/2009