

# 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.

**Current Principal Place of Business:**

284 115TH STREET  
WINTER GARDEN, FL 34787

**New Principal Place of Business:**

**Current Mailing Address:**

284 115TH STREET  
WINTER GARDEN, FL 34787

**New Mailing Address:**

FEI Number: 59-3552729      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

WILDER, CHARLIE M  
284 115TH STREET  
WINTER GARDEN, FL 34787      US

**Name and Address of New Registered Agent:**

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:**

Title: DP ( ) Delete  
Name: MCDONALD, ROSEMARY J  
Address: 309 N. NORMAN DALE AVE  
City-St-Zip: ORLANDO, FL 32835

Title: DCS ( ) Delete  
Name: MERRILL, JUDITH  
Address: 11 COLLIER AVE  
City-St-Zip: LAKELAND, FL 33815

Title: S ( ) Delete  
Name: JEFFERON, LORETHA  
Address: 4128 LENNOX BLVD  
City-St-Zip: ORLANDO, FL 32811

Title: D ( ) Delete  
Name: WILDER, CHARLIE MAE  
Address: 284 115TH STREET  
City-St-Zip: WINTER GARDEN, FL 34787

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DVP (X) Change ( ) Addition  
Name: WILLIS, DAISY  
Address: 445 13TH STREET  
City-St-Zip: APOPKA, FL 32703

Title: DS (X) Change ( ) Addition  
Name: JEFFERON, LORETHA  
Address: 4128 LENNOX BLVD  
City-St-Zip: ORLANDO, FL 32811

Title: DED (X) Change ( ) Addition  
Name: WILDER, CHARLIE MAE  
Address: 284 115TH STREET  
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

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date