


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2005 8:00 am
Secretary of State

03-25-2005 90041 049 ****61.25

DOCUMENT # N98000005906

1. Entity Name
SENIOR CENTER ASSOCIATION, INC.



Principal Place of Business
 105 S RIVERSIDE DRIVE
 NEW SMYRNA BEACH, FL 32168

Mailing Address
~~280 RIO GRANDE~~
~~EDGEWATER, FL 32141~~

50030752



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
105 S. Riverside DR
 Suite, Apt. #, etc.

03172005 Chg-NP CR2E037 (10/03)

City & State
New Smyrna Beach FL

City & State
NEW SMYRNA BEACH FL

Zip Country
32168 FLORIDA

4. FEI Number
59-3408251

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

WILLIAMS, JOANNE
280 RIO GRANDE
EDGEWATER, FL 32141

7. Name and Address of New Registered Agent

Name **PATRICIA ANDERSON**

Street Address (P.O. Box Number is Not Acceptable)
220 HANDLEY DRIVE

City **EDGEWATER** FL Zip Code **32168**

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 *Patricia B. Anderson* DATE **3-18-05**

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

Filing Fee is \$61.25
Due by May 1, 2005

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 NAME STREET ADDRESS CITY-ST-ZIP	P WILLIAMS, JOANNE 280 RIO GRANDE EDGEWATER, FL 32141	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD VINTANOR, FLORENCE 4201 S. ATLANTIC AVE NEW SMYRNA BEACH, FL 32169	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DONALD, SHERLEEN 2862 N. ARLINGTON AVE NEW SMYRNA BEACH, FL 32168	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MAURIELLO, DON 6231 ENGRAM RD NEW SMYRNA BEACH, FL 32169	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT PATRICIA ANDERSON 220 HANDLEY DR NSB FL 32168	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT JOHN LONG 2051 Pioneer Trail # 82 NSB FL 32168	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY MITZIE BERGE 127 HAZELWOOD DR. EDGEWATER FL 32141	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER LOYD JONES 189 LA GARDENIA EDGEWATER FL 32141	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Patricia B. Anderson* DATE **3-18-05** (386) 427-1918

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #