


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 21, 2007 8:00 am**  
**Secretary of State**

03-21-2007 90032 040 \*\*\*\*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  
 105 S RIVERSIDE DRIVE  
 NEW SMYRNA BEACH, FL 32168

60026085



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

02242007 Chg-NP CR2E037 (12/06)

City & State  
 Zip Country

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  
 ANDERSON, PATRICIA  
 220 HANDLEY DRIVE  
 NEW SMYRNA BEACH, FL 32168

7. Name and Address of New Registered Agent  
 Name **LLOYD JONES**  
 Street Address (P.O. Box Number is Not Acceptable) **189 LAGARDENIA**  
 City **EDGEWATER FL** Zip Code **32141**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

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 MIDDLETON, BEVERLY 449 BOUCHELLE DR 204 NEW SMYRNA BEACH, FL 32169	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DYER, HUBIE 2A COUNTRY CLUB RD NEW SMYRNA BEACH, FL 32168	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCLAUGHLIN, BILL 169 HAZELWOOD RIVER RD EDGEWATER, FL 32141	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JONES, LLOYD 189 LAGARDENIA EDGEWATER, FL 32141	<input 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	✓ PAT HAGEMEI ER 719 WAYNE AVE New Smyrna Beach, FL 32168	<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
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 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: Lloyd Jones - **LLOYD JONES**

3/16/07 386-426-1554  
 Date Daytime Phone #