

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90042 038 ****61.25

DOCUMENT # N98000005906
 1. Entity Name
 SENIOR CENTER ASSOCIATION, INC.



00002107

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

Mailing Address
 105 S RIVERSIDE DRIVE
 NEW SMYRNA BEACH, FL 32168



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

01162008 Chg-NP CR2E037 (12/06)

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
 JONES, LLOYD
 189 LAGARDENIA
 EDGEWATER, FL 32141

7. Name and Address of New Registered Agent
 Name: BEVERLY MIDDLETON
 Street Address (P.O. Box Number is Not Acceptable):
 449 BOUCHELLE DR. # 204
 City: NEW SMYRNA BCH FL Zip Code: 32169

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2008

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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 HAGEMEIER, PAT 719 WAYNE AVE NEW SMYRNA BEACH, FL 32168	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCLAUGHLIN, BILL 169 HAZELWOOD RIVER RD EDGEWATER, FL 32141	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JONES, LLOYD 189 LAGARDENIA EDGEWATER, FL 32141	<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

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RUTH CASSADAY 146 MANGROVE EAST CIR. NEW SMYRNA BCH FL 32168	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PAT HAGEMEIER 719 WAYNE AVE NEW SMYRNA BCH FL 32169	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELORIS LEROUX 818 STARBOARD AVE 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 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: Beverly Middleton
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-08 386-428-7916
 Date Daytime Phone #