2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 21, 2009
Secretary of State

DOCUMENT# N98000005935

Entity Name: SANTA IS A SENIOR CITIZEN INC.

Current Principal Place of Business:

6913 CHERRY STREET
APT. W
PANAMA CITY, FL 32404

New Principal Place of Business:

Current Mailing Address:

6913 CHERRY STREET
APT. W
PANAMA CITY, FL 32404

New Mailing Address:

9205 HUBBARD RD.
PANAMA CITY, FL 32409

FEI Number: 59-3502056 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HAYNES, SHARON L
6913 CHERRY STREET
APT W
PANAMA CITY, FL 32404 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:	PT	( ) Delete
Name:	HAYNES, SHARON L	
Address:	6913 CHERRY ST. APT W	
City-St-Zip:	PANAMA CITY, FL 32404	
Title:	VS	( ) Delete
Name:	RIVERA, PAM E	
Address:	9205 HUBBARD RD	
City-St-Zip:	PANAMA CITY, FL 32409	
Title:	D	( ) Delete
Name:	DENTON, TISHA	
Address:	9205 HUBBARD	
City-St-Zip:	PANAMA CITY, FL 32409	
Title:	D	( ) Delete
Name:	LAWLEY, KIMBERLY L	
Address:	316 FERNWOOD WAY	
City-St-Zip:	PANAMA CITY, FL 32404	
Title:	D	( ) Delete
Name:	LAWLEY, SUSAN E	
Address:	2325 DRUMMOND AVE	
City-St-Zip:	PANAMA CITY, FL 32405	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	LAWLEY, SARAH E	
Address:	2325 DRUMMOND AVE	
City-St-Zip:	PANAMA CITY, FL 32405	

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: SHARON HAYNES PRES 09/21/2009
Electronic Signature of Signing Officer or Director — Date