


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90415 001 ****61.25

DOCUMENT # N98000006010 1. Entity Name SENIORS FIRST FOUNDATION, INC.	
---	---

Principal Place of Business 5395 L.B. MCLEOD RD. ORLANDO, FL 32811	Mailing Address 5395 L.B. MCLEOD RD. ORLANDO, FL 32811
--	--

DO NOT WRITE IN THIS SPACE



02132006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-3572590	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CASORIA, EDWARD JR. 2153 LEE RD. WINTER PARK, FL 32789	DO NOT WRITE IN THIS SPACE
--	---------------------------------------

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, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
---	---	--

10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PALMER, DOUG 1201 S. ORLANDO AVE. WINTER PARK, FL 32789	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUNT, RANDALL 5395 L.B. MCLEOD ROAD ORLANDO, FL 32811	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASORIA, EDWARD JR. 2153 LEE RD. WINTER PARK, FL 32789	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAY, JOHN L 5395 L.B. MCLEOD RD ORLANDO, FL 32811	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAWKINS, WALTER G 649 LIVINGSTON STREET ORLANDO, FL 32801	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAUER, MARGARET M 908 ALMOND TREE CIR. ORLANDO, FL 32835	

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:  **4. 25. 06** **407 292-0177**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #