

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

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90052 026 ****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

90002001



DO NOT WRITE IN THIS SPACE

03122007 No Chg-NP

CR2E037 (4/06)

4. FEI Number
59-3572590

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SUSAN FERGUSON

3/29/07

Date

(407) 292-0177

Daytime Phone #