2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SUDCACE STREET OF DIRECTOR

04-28-2008 90320 015 ****61.25 DOCUMENT # N98000006010 1. Entity Name SENIORS FIRST FOUNDATION, INC. Principal Place of Business Mailing Address 5395 L.B. MCLEOD RD. 5395 L.B. MCLEOD RD. ORLANDO, FL 32811 ORLANDO, FL 32811 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04242008 CR2E037 (12/06) City & State City & State 4. FEI Number Applied For 59-3572590 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CASORIA, EDWARD JR. Street Address (P.O. Box Number is Not Acceptable) 2153 LEE RD. WINTER PARK, FL 32789 City Zip Code 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 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to Due by May 1, 2008 Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE XX Change ☐ Addition NAME PALMER, DOUG Palmer, Douglas NAME 1201 S. ORLANDO AVE. 1201 S. orlando Ave STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER PARK, FL 32789 Winter park, F1 32789 CITY-ST-ZIP D TITLE X Delete TITLE Change **K** Addition Dunwell, Jon NAME HUNT, RANDALL NAME STREET ADDRESS 5395 L.B. MCLEAOD ROAD 4412 N. Apopka Vineland Rd STREET ADDRESS Orlando, FL 32818 CITY-ST-ZIP ORLANDO, FL 32811 CITY-ST-ZIP TITLE D Delete TITLE XX Change Addition CASORIA, EDWARD JR. Ćasoria, Edward JR. NAME STREET ADDRESS 2153 LEE RD. 2153 Lee Road STREET ADDRESS CITY-ST-ZIP WINTER PARK, FL 32789 Winter Park, FL 32789 CITY-ST-ZIP TITLE ☐ Delete TITLE Secretary TX Change Addition GAY, JOHN I. NAME Gay, John STREET ADDRESS 5395 L.B. MCLEOD RD STREET ADDRESS 221 N.E. Ivanhoe Blvd #330 CITY-ST-ZIP ORLANDO, FL 32811 CITY-ST-ZIP Orlando, FL 32804 TITLE TITLE Delete ☐ Change **x**Addition HAWKINS, WALTER G NAME NAME McDirmit, Elden STREET ADDRESS 649 LIVINGSTON STREET STREET ADDRESS 605 E.Robinson St. Ste 635 CITY-ST-ZIP ORLANDO, FL 32801 CITY-ST-ZIP Orlando, FL 32801 TITI F Delete Change ☐ Addition SAUER, MARGARET M NAME NAME Šauer, Margaret M. STREET ADDRESS 908 ALMOND TREE CIR. STREET ADDRESS 908 Almond Tree Cr. CITY-ST-7IP ORLANDO, FL 32835 CITY-ST-ZIP Orlando, FL 32835 12. I hereby certify that the information supplied with this filling 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

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DOCUMENT # N9800006010 1. Entity Name SENIORS FIRST FOUNDATION, INC.				ATTACHMENT				
Principal Place of Business 5395 L.B. MCLEOD RD. 0RLANDO, FL 32811 Mailing Address 5395 L.B. MCLEOD RD. 0RLANDO, FL 32811				// s	3326 <i>6</i>	7		
Principal Place of Business - No P.O. Box #				HOUC	$\int \mathcal{O} \mathcal{C} \psi \mathcal{C}$	^		
Suite, Apt. #, etc. Suite, Apt. #, etc.				03272008 Chg-NP CR2E037 (12/06)				
City & State City & State				4. FEI Number 59-3572590			plied For t Applicable	
Zip	Country	Zip	Country		5. Certificate of Status De		.75 Addi Required	
-	6. Name and Address of Current I	Registered Agent			7. Name and Address o	f New Registered Age	nt	
CASORIA, 2153 LEE	, EDWARD JR.		Name Street Add	droce (D	O. Box Number is Not Acc	contoblo)		
	PARK, FL 32789		Succified		O. DOX Hallinger is 1101 Act			
			City			FL	Zip Code	,
8. The above the obligat	named entity submits this statement for tions of registered agent.	the purpose of changing its	registered office or re	registere	d agent, or both, in the Sta	ate of Florida. I am fami	iliar with, a	and accept
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	:: Registered Agent signature	a raquired w	rhen reinstating)	DATE		
						ONIL		
	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Can Trust Fund C	npaign Financing contribution.		\$5.00 May Be Added to Fees	Make check pa		
10.	-	Trust Fund C		- ;	\$5.00 May Be Added to Fees	Make check pa Florida Departme	ent of Sta	ate
10. TITLE MAME STREET ADDRESS	Due by May 1, 2008	Trust Fund C	ontribution. 11. TITLE NAME	AI D Than	\$5.00 May Be Added to Fees DDITIONS/CHANGES TO mes, Judith	Make check pa Florida Departme OFFICERS AND DIREC	ent of Sta	ate
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