

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006010

FILED
Mar 26, 2009
Secretary of State

Entity Name: SENIORS FIRST FOUNDATION, INC.

Current Principal Place of Business:

5395 L.B. MCLEOD RD.
ORLANDO, FL 32811

New Principal Place of Business:

Current Mailing Address:

5395 L.B. MCLEOD RD.
ORLANDO, FL 32811

New Mailing Address:

FEI Number: 59-3572590

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASORIA, EDWARD JR.
2153 LEE RD.
WINTER PARK, FL 32789 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: VP () Delete
Name: PALMER, DOUG
Address: 1201 S. ORLANDO AVE
City-St-Zip: WINTER PARK, FL 32789

Title: D () Delete
Name: DUNWELL, JOH
Address: 4412 N. APOPKA VINELAND RD.
City-St-Zip: ORLANDO, FL 32818

Title: T () Delete
Name: CASORIA, EDWARD JR.
Address: 22153 LEE ROAD
City-St-Zip: WINTER PARK, FL 32789

Title: S () Delete
Name: GAY, JOHN L
Address: 221 N.E. IVANHOE BLVD #330
City-St-Zip: ORLANDO, FL 32804

Title: D () Delete
Name: MCDIRMIT, ELDEN
Address: 605 E. ROBINSON ST. STE 635
City-St-Zip: ORLANDO, FL 32801

Title: C () Delete
Name: SAUER, MARGARET M
Address: 908 ALMOND TREE CR.
City-St-Zip: ORLANDO, FL 32835

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VC (X) Change () Addition
Name: PALMER, DOUG
Address: 1201 S. ORLANDO AVE
City-St-Zip: WINTER PARK, FL 32789

Title: D (X) Change () Addition
Name: DUNWELL, JON
Address: 4412 N. APOPKA VINELAND RD.
City-St-Zip: ORLANDO, FL 32818

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:

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: SUE KENARD

CFO

03/26/2009

Electronic Signature of Signing Officer or Director

Date