

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002609

FILED  
Jan 24, 2009  
Secretary of State

**Entity Name:** SENIOR ADVENTURES IN LEARNING OF MELBOURNE, INC.

**Current Principal Place of Business:**

2950 N HARBOUR CITY BLVD  
MELBOURNE, FL 32935 US

**New Principal Place of Business:**

**Current Mailing Address:**

2950 N HARBOUR CITY BLVD  
MELBOURNE, FL 32935

**New Mailing Address:**

**FEI Number:** 59-3576282

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WHEELER, BEVERLY M  
3942 ORCHARD DRIVE  
MELBOURNE, FL 32940 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: C ( ) Delete  
Name: JOHN, DRESKA  
Address: 782 THRASHER DR  
City-St-Zip: VIERA, FL 32955

Title: TR ( ) Delete  
Name: ESTES, CLAUDIA  
Address: 1820 INDEPENDENCE  
City-St-Zip: MELBOURNE, FL 32940

Title: TR ( ) Delete  
Name: LUCAS, ROBERT  
Address: 1886 INDEPENDANCE AVE  
City-St-Zip: MELBOURNE, FL 32940

Title: S/T ( ) Delete  
Name: KENNEDY, PATRICK  
Address: 120 DESOTO PKWY  
City-St-Zip: SATELLITE BEACH, FL 32937

Title: TR ( ) Delete  
Name: MARGOLIS, RICHARD RABBI  
Address: 5995 N WICKHAM ROAD  
City-St-Zip: MELBOURNE, FL 32940

Title: TR ( ) Delete  
Name: OLIVIER, MICKEY  
Address: 337 DEER LAKE DRIVE  
City-St-Zip: MELBOURNE, FL 32940

**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: S/T (X) Change ( ) Addition  
Name: MCCARTER, JAN  
Address: 1549 CLOVER CIR  
City-St-Zip: MELBOURNE, FL 32935

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: JAN MCCARTER

S/T

01/24/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date