

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2004 08:00 AM
Secretary of State

DOCUMENT # N99000006119

1. Entity Name

**SENIOR JOB BANK, A NON-PROFIT REFERRAL
SERVICE, INC.**



Principal Place of Business

**1383 STEEL BRIDGE ROAD
MACLENNY, FL 32063**

Mailing Address

**1383 STEEL BRIDGE ROAD
MACLENNY, FL 32063**



01072004 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

22-3856695

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SUMMERS, ERIC
1383 STEEL BRIDGE ROAD
MACLENNY, FL 32063**

**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 reappointing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

**9. Election Campaign Financing
Trust Fund Contribution.**



**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

**TITLE DP
NAME SUMMERS, ERIC
STREET ADDRESS 1383 STEEL BRIDGE ROAD
CITY-ST-ZIP MACLENNY, FL 32063**

**TITLE DST
NAME SEYMOUR, BAIRD
STREET ADDRESS 1435 LAWRENCE PLACE
CITY-ST-ZIP JACKSONVILLE, FL 32211**

**TITLE DVP
NAME WILLIAMS, J.C.
STREET ADDRESS 1435 LAWRENCE PLACE
CITY-ST-ZIP JACKSONVILLE, FL 32211**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Date

Daytime Phone #

JAN. 7, 2004