

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000002609

**Entity Name:** SENIOR ADVENTURES IN LEARNING OF MELBOURNE, INC.**Current Principal Place of Business:**2950 N HARBOUR CITY BLVD  
MELBOURNE, FL 32935**Current Mailing Address:**2950 N HARBOUR CITY BLVD  
MELBOURNE, FL 32935**FEI Number:** 59-3576282**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**WADE, BRIAN J  
3881 LONG LEAF DRIVE  
MELBOURNE, FL 32940 US*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:** BRIAN J. WADE

03/07/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title C  
Name WHEELER, BEVERLY M  
Address 3942 ORCHARD DR.  
City-State-Zip: MELBOURNE FL 32940

Title TR  
Name JENNINGS, PHILLIP  
Address 695 NICKLAUS DR  
City-State-Zip: MELBOURNE FL 32940

Title S/T  
Name MCCARTER, JAN  
Address 1549 CLOVER CIR  
City-State-Zip: MELBOURNE FL 32935

Title EXECUTIVE DIRECTOR  
Name WADE, BRIAN J  
Address 3881 LONG LEAF DRIVE  
City-State-Zip: MELBOURNE FL 32940

Title DIRECTOR  
Name PAUL, SAIA  
Address 2802 AMETHYST WAY  
City-State-Zip: MELBOURNE FL 32940

*I hereby 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 all other like empowered.*

**SIGNATURE:** BRIAN WADE

EXECUTIVE DIRECTOR

03/07/2024

Electronic Signature of Signing Officer/Director Detail

Date