

FILE NOW: FILING FEE IS \$61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 705727 (6)
 1. Corporation Name
FLORIDA ASSOCIATION OF HOMES FOR THE AGING, INC.



Principal Place of Business 1812 RIGGINS RD. TALLAHASSEE FL 32308	Mailing Address 1812 RIGGINS RD. TALLAHASSEE FL 32308
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/07/1963		3a. Date of Last Report 05/01/1995	
21		26		4. FEI Number 23-7335883		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
23		28					
Zip	Country	Zip	Country				
24	25	29	30				

9. Name and Address of Current Registered Agent HUSS, STEVEN W. 1017 THOMASVILLE RD., SUITE C TALLAHASSEE FL 32303				10. Name and Address of New Registered Agent			
				81 Name CHARLES L. EARLY, JR.			
				82 Street Address (P.O. Box Number is Not Acceptable) 112 N. FLORIDA AVE			
				83			
				84 City DELAND, FL FL 85 Zip Code 32720			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503 Florida Statutes.

SIGNATURE *Charles L. Early, Jr.* **CHARLES L. EARLY, JR** DATE **4/30/96**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WISE, BARBARA			1.2 NAME			
STREET ADDRESS	2855 GULF-TO-BAY BLVD.			1.3 STREET ADDRESS			
CITY - ST - ZIP	CLEARWATER FL 34619			1.4 CITY - ST - ZIP			
TITLE	PD	<input type="checkbox"/> DELETE		2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THOMPSON, ANN			2.2 NAME			
STREET ADDRESS	601 N. NEWNAN ST.			2.3 STREET ADDRESS	100001828771		
CITY - ST - ZIP	JACKSONVILLE FL 32202			2.4 CITY - ST - ZIP	-05/20/96--01034--022		
TITLE	TD	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARRISON, MARY			3.2 NAME			
STREET ADDRESS	413 NE 3RD ST.			3.3 STREET ADDRESS	***61.25		
CITY - ST - ZIP	DELRAY BEACH FL 33483			3.4 CITY - ST - ZIP			
TITLE	SD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CRANK, JACKIE S.			4.2 NAME	SCOTT BOARD		
STREET ADDRESS	1099 CLAY ST.			4.3 STREET ADDRESS	4847 FRED GLADSTONE DR.		
CITY - ST - ZIP	WINTER PARK FL 32789			4.4 CITY - ST - ZIP	WEST PALM BEACH, FL 33417		
TITLE	VD	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VANDERBECK, J. MARK			5.2 NAME			
STREET ADDRESS	700 JOHN RINGLING BLVD.			5.3 STREET ADDRESS			
CITY - ST - ZIP	SARASOTA FL 34236			5.4 CITY - ST - ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WHITLEY, WILLIAM R.			6.2 NAME			
STREET ADDRESS	1400 LE BARRON ST.			6.3 STREET ADDRESS			
CITY - ST - ZIP	JACKSONVILLE FL			6.4 CITY - ST - ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Karen R. Torgesen* **KAREN R. TORGESSEN, MANAGING DIRECTOR** DATE **4/30/96** (904) 671-3700

CR2E037 (12/95)

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ATTACHMENT TO CORPORATION ANNUAL REPORT FOR 1995

D

Raymond M. Johnson
1000 Vicar's Landing Way
Ponte Vedra Beach, FL 32217

VD

Barbara A. Lindstrom
1999 Georgia Circle, S.
Clearwater, FL 34620

VD

Marshall Seiden
255 59th Street, North
St. Petersburg, FL 33710

M

Karen R. Torgesen
1812 Riggins Rd.
Tallahassee, FL 32308