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Apr 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		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 32308-4885
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3. Date Incorporated or Qualified 07/07/1963	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 25	Country 30
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4. FEI Number 23-7335883	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**EARLY, JR., CHARLES L
112 N. FLORIDA AVE.
DELAND FL 32720**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD <input type="checkbox"/> DELETE
NAME	WISE, BARBARA
STREET ADDRESS	2855 GULF-TO-BAY BLVD.
CITY-ST-ZIP	CLEARWATER FL 34819
TITLE	D <input type="checkbox"/> DELETE
NAME	THOMPSON, ANN
STREET ADDRESS	601 N. NEWNAN ST.
CITY-ST-ZIP	JACKSONVILLE FL 32202
TITLE	TD <input type="checkbox"/> DELETE
NAME	HARRISON, MARY
STREET ADDRESS	413 NE 3RD ST.
CITY-ST-ZIP	DELRAY BEACH FL 33483
TITLE	SD <input type="checkbox"/> DELETE
NAME	BOORD, SCOTT
STREET ADDRESS	4847 FRED GLADSTONE DR.
CITY-ST-ZIP	WEST PALM BEACH FL 33417
TITLE	VD <input type="checkbox"/> DELETE
NAME	VANDERBECK, J. MARK
STREET ADDRESS	700 JOHN RINGLING BLVD.
CITY-ST-ZIP	SARASOTA FL 34236
TITLE	D <input type="checkbox"/> DELETE
NAME	WHITLEY, WILLIAM R.
STREET ADDRESS	1400 LE BARRON ST.
CITY-ST-ZIP	JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	32207

14. I do 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 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: *Walter R. Dargatzis* **WALTER R. DARGATZIS** 4/23/97 (904) 671-3700
Signature, typed or printed name of signing officer or director Date Daytime Phone # 0007726

CR2E037 (9/96)

FLORIDA ASSOCIATION OF HOMES FOR THE AGING
Attachment to Corporation Annual Report for 1997

D

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

VD

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

VD

Barbara J. Lindstrom
National Benevolent Association
1999 Georgia Circle, S.
Clearwater, FL 34620

M

Karen R. Torgesen
Florida Association of Homes for the Aging
1812 Riggins Road
Tallahassee, FL 32308