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May 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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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3. Date Incorporated or Qualified 07/07/1963	
4. FEI Number 23-7335883	Applied For <input type="checkbox"/> 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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
EARLY, JR., CHARLES L 112 N. FLORIDA AVE. DELAND FL 32720		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WISE, BARBARA	1.2 NAME	WISE BARBARA
STREET ADDRESS	2855 GULF-TO-BAY BLVD.	1.3 STREET ADDRESS	2855 GULF-TO-BAY BLVD.
CITY - ST - ZIP	CLEARWATER FL 34619	1.4 CITY - ST - ZIP	CLEARWATER, FL 34619
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMPSON, ANN	2.2 NAME	RAYMOND M. JOHNSON
STREET ADDRESS	801 N. NEWMAN ST.	2.3 STREET ADDRESS	1000 VICAR'S LANDING WAY
CITY - ST - ZIP	JACKSONVILLE FL 32202	2.4 CITY - ST - ZIP	PONTE VEDRA BEACH, FL 32082
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	
CITY - ST - ZIP	DELRAY BEACH FL 33483	3.4 CITY - ST - ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOORD, SCOTT	4.2 NAME	
STREET ADDRESS	4847 FRED GLADSTONE DR.	4.3 STREET ADDRESS	
CITY - ST - ZIP	WEST PALM BEACH FL 33417	4.4 CITY - ST - ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VANDERBECK, J. MARK	5.2 NAME	JACK M. NORTON
STREET ADDRESS	700 JOHN RINGLING BLVD.	5.3 STREET ADDRESS	700 MEASE PLAZA
CITY - ST - ZIP	SARASOTA FL 34238	5.4 CITY - ST - ZIP	DUNEDIN, FL 34698
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITLEY, WILLIAM R.	6.2 NAME	WHITLEY, WILLIAM R.
STREET ADDRESS	1400 LE BARRON ST.	6.3 STREET ADDRESS	1400 LE BARRON ST.
CITY - ST - ZIP	JACKSONVILLE FL	6.4 CITY - ST - ZIP	JACKSONVILLE, FL 32207

14. 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 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, Executive Director* *4/27/98 (850) 671-3700*

CR2E037 (10/97)