

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 705727

FILED  
Apr 30, 2009  
Secretary of State

**Entity Name:** FLORIDA ASSOCIATION OF HOMES AND SERVICES FOR THE AGING, INC.

**Current Principal Place of Business:**

1812 RIGGINS RD.  
TALLAHASSEE, FL 32308

**New Principal Place of Business:**

**Current Mailing Address:**

1812 RIGGINS RD.  
TALLAHASSEE, FL 32308

**New Mailing Address:**

**FEI Number:** 23-7335883

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

BOYD, JANEGALE M PRE/CEO  
1812 RIGGINS ROAD  
TALLAHASSEE, FL 32308 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: T ( ) Delete  
Name: MESERVE, JOHN S  
Address: ONE FLEET LANDING BULD.  
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: C ( ) Delete  
Name: BALLARD, ALMA C  
Address: 134 E. CHURCH ST.  
City-St-Zip: JACKSONVILLE, FL 32202

Title: S ( ) Delete  
Name: BERGER, LITHA  
Address: 5200 NE 2ND AVE.  
City-St-Zip: MIAMI, FL 33137

Title: O ( ) Delete  
Name: CUNLIFFE, TERRI  
Address: 5781 NW 121ST TERRACE  
City-St-Zip: CORAL SPRINGS, FL 33076

Title: D ( ) Delete  
Name: NORTON, JACK M  
Address: 700 MEASE PLAZA  
City-St-Zip: DUNEDIN, FL 34698

Title: O ( ) Delete  
Name: ROBARE, BRIAN  
Address: 1001 CARPENTER'S WAY  
City-St-Zip: LAKE LAND, FL 33809

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JANEGALE BOYD

CEO

04/30/2009

Electronic Signature of Signing Officer or Director

Date