FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 24 PM 2:33

DOCUMENT # 756143 (4)

1. Corporation Name
WEST CENTRAL FLORIDA AREA AGENCY ON AGING, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1419 WEST WATERS AVENUE, SUITE #114 TAMPA FL 33604-2652	1419 WEST WATERS AVENUE, SUITE #114 TAMPA FL 33604-2652

3. Date Incorporated or Qualified: 02/02/1981
3a. Date of Last Report: 03/15/1994
4. FEI Number: 59-2074063 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 5911 Breckenridge Pkwy	26 5911 Breckenridge Pkwy
Suite, Apt. #, etc. 22 Suite B	Suite, Apt. #, etc. 27 Suite B
City & State 23 Tampa, FL	City & State 28 Tampa, FL
Zip / Country 24 33610 / 25	Zip / Country 29 33610 / 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BAKAS JOHN W. JR. MCWHIRTER, GRANDOFF & REEVES, P.A. 100 N TAMPA ST., STE. 2900 TAMPA FL 33602	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 607.0502 and 607.1508, 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 607.0505, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	STATLER, D. G	1.2 NAME	
STREET ADDRESS	600 W. COLLEGE DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	AVON PARK FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	ROBINSON, JULIUS	2.2 NAME	
STREET ADDRESS	508 CAROLYNE ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	LOVE, MARY J	3.2 NAME	
STREET ADDRESS	710 E. CHURCH ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	BARTOW FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	LUPO, WILLIAM	4.2 NAME	
STREET ADDRESS	8606 BOULDER COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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: D. Gene Statler 3-7-95 813-623-2244
SIGNATURE AND TYPED OR PRINTED NAME OF BIDDING OFFICER OR DIRECTOR — Date — Daytime Phone #
D. GENE STATLER, PRES/DIR