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Feb 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # 756143 (4)

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

Principal Place of Business	Mailing Address
5911 BRECKENRIDGE PKWY SUITE B TAMPA FL 33610 US	5911 BRECKENRIDGE PKWY SUITE B TAMPA FL 33610 US

3. Date Incorporated or Qualified: 02/02/1981
4. FEI Number: 59-2074063 ☐ Applied For ☐ Not Applicable
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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

BAKAS JOHN W. JR.
MCWHIRTER, GRANDOFF & REEVES, P.A.
100 N TAMPA ST., STE. 2900
TAMPA FL 33602

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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☑ DELETE	1.1 TITLE	PD	☐ Change ☑ Addition
NAME	ROBINSON, JULIUS		1.2 NAME	ELIZABETH HALSEY	
STREET ADDRESS	508 CAROLYNE ST.		1.3 STREET ADDRESS	3001 W. MLK JR. BLVD.	
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP	TAMPA, FL	
TITLE	VD	☑ DELETE	2.1 TITLE	VD	☐ Change ☑ Addition
NAME	ELIZABETH HALSEY		2.2 NAME	MARSORIE MOOREHEAD	
STREET ADDRESS	3001 W. MLK JR. BLVD		2.3 STREET ADDRESS	7305 - 16th AVE. N.W.	
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP	BRADENTON, FL	
TITLE	TD	☑ DELETE	3.1 TITLE	TD	☐ Change ☑ Addition
NAME	LUPO, WILLIAM		3.2 NAME	DR. ROSEMARIE LAMM	
STREET ADDRESS	8606 BOULDER COURT		3.3 STREET ADDRESS	5602 LAKE POINT DR. 7205 S. GEORGE BLVD.	
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP	LAKELAND, FL	
TITLE	SD	☑ DELETE	4.1 TITLE	SD	☐ Change ☑ Addition
NAME	MARJORIE MOORHEAD		4.2 NAME	KEVIN ROBERTS	
STREET ADDRESS	7305 16TH AVE. N.W.		4.3 STREET ADDRESS	~~P.O. Box 1926~~ 7205 S. George Blvd.	
CITY-ST-ZIP	BRADENTON FL		4.4 CITY-ST-ZIP	SEBRING, FL	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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.

Fiscal Director