2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005
Secretary of State

DOCUMENT# 756143

Entity Name: WEST CENTRAL FLORIDA AREA AGENCY ON AGING, INC.

Current Principal Place of Business:

5911 BRECKENRIDGE PKWY
SUITE B
TAMPA, FL 33610 US

New Principal Place of Business:

5905 BRECKENRIDGE PKWY
SUITE F
TAMPA, FL 33610 US

Current Mailing Address:

5911 BRECKENRIDGE PKWY
SUITE B
TAMPA, FL 33610 US

New Mailing Address:

5905 BRECKENRIDGE PKWY
SUITE F
TAMPA, FL 33610 US

FEI Number: 59-2074063 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BAKAS JOHN W. JR.
201 E KENNEDY BLVD
STE 400
TAMPA, FL 33602 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: PD ( ) Delete
Name: HARRELL, CHERYL
Address: 8509 PARROTS LANDING
City-St-Zip: TAMPA, FL 33647

Title: VD ( ) Delete
Name: O'REILLY, ALICE
Address: 1232 EAST MAGNOLIA STREET
City-St-Zip: LAKELAND, FL 338012126

Title: TD ( ) Delete
Name: ROGERS, JOHN
Address: 6603 WEST STAFFORD ROAD
City-St-Zip: PLANT CITY, FL 33565

Title: SD ( ) Delete
Name: QUINN, BARBARA
Address: 3205 WILDERNESS BLVD. WEST
City-St-Zip: PARRISH, FL 34219

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: KERCE, JOYCE
Address: PO BOX 922
City-St-Zip: PALMETTO, FL 34220

Title: SD (X) Change ( ) Addition
Name: BOYCE, PATRICIA
Address: 1335 ROBIN HOOD LANE, SOUTH
City-St-Zip: LAKELAND, FL 338132341

Title: TD (X) Change ( ) Addition
Name: DODDRIDGE, KATHRYN
Address: 4421 SUN NL LAKE BLVD., #A
City-St-Zip: SEBRING, FL 33872

Title: VD (X) Change ( ) Addition
Name: QUINN, BARBARA
Address: 3205 WILDERNESS BLVD. WEST
City-St-Zip: PARRISH, FL 34219

Title: ED ( ) Change (X) Addition
Name: KELLY, MAUREEN
Address: 5905 BRECKENRIDGE PKWY
City-St-Zip: TAMPA, FL 33610

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MAUREEN KELLY ED 05/03/2005

Electronic Signature of Signing Officer or Director — Date