2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2008
Secretary of State

DOCUMENT# 756143

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

Current Principal Place of Business:

5905 BRECKENRIDGE PKWY
SUITE F
TAMPA, FL 33610 US

New Principal Place of Business:

Current Mailing Address:

5905 BRECKENRIDGE PKWY
SUITE F
TAMPA, FL 33610 US

New Mailing Address:

FEI Number: 59-2074063 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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:

BAKAS JOHN W. JR.
150 E BLOOMINGDALE AVENUE
BRANDON, FL 33511 US

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: _____ 03/19/2008
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	TREA	( ) Delete
Name:	HEMNESS, EMMA	
Address:	309 N PARSONS AVENUE	
City-St-Zip:	BRANDON, FL 33510	
Title:	CHMN	( ) Delete
Name:	BOYCE, PATRICIA	
Address:	1335 ROBIN HOOD LANE, SOUTH	
City-St-Zip:	LAKELAND, FL 338132341	
Title:	CCHM	( ) Delete
Name:	DODDRIDGE, KATHRYN	
Address:	4421 SUN NL LAKE BLVD., #A	
City-St-Zip:	SEBRING, FL 33872	
Title:	SEC	( ) Delete
Name:	LAMM, ROSEMARIE DR	
Address:	5602 LAKE POINT DRIVE	
City-St-Zip:	LAKELAND, FL 33813 28	
Title:	CEO	( ) Delete
Name:	KELLY, MAUREEN	
Address:	5905 BRECKENRIDGE PKWY	
City-St-Zip:	TAMPA, FL 33610	

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:	

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: MAUREEN KELLY CEO 03/19/2008
Electronic Signature of Signing Officer or Director — Date