2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2011
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 ( )**

Name and Address of Current Registered Agent:

BAKAS JOHN W. JR.
150 E BLOOMINGDALE AVENUE
BRANDON, FL 33511 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: CHMN
Name: HEMNESS, EMMA
Address: 309 N PARSONS AVENUE
City-St-Zip: BRANDON, FL 33510

Title: TRES
Name: HERING, DON
Address: 3711 PALMAS LANE
City-St-Zip: RUSKIN, FL 33573

Title: VCHM
Name: SCHONFELD, LAWRENCE DR.
Address: 13301 BRUCE B. DOWNS BLVD.
City-St-Zip: TAMPA, FL 33612

Title: SEC
Name: HERRINGTON, BARBARA
Address: 2801 COUNTRY CLUB ROAD NORTH
City-St-Zip: WINTER HAVEN, FL 33881

Title: CEO
Name: KELLY, MAUREEN
Address: 5905 BRECKENRIDGE PKWY
City-St-Zip: TAMPA, FL 33610

I hereby 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 all other like empowered.

SIGNATURE: MAUREEN KELLY CEO 02/18/2011

Electronic Signature of Signing Officer or Director Date