

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$305)**

**NONPROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED SECRETARY OF STATE DIVISION OF CORPORATIONS**

95 JUN 14 AM 9:23

**DOCUMENT # N28414 (3)**  
1. Corporation Name  
**ALLIANCE FOR AGING, INC.**

Principal Place of Business Mailing Address  
**9500 S. DADELAND BLVD. SUITE 400 MIAMI FL 33156**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>09/16/1988</b>	3a. Date of Last Report <b>06/03/1994</b>
4. FEI Number <b>65-0101947</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>FILING FEE IS \$61.25</b>
8. This corporation has liability for intangible tax under s. 199(1)(3) Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent  
**STOKESBERRY, JOHN L.  
9500 SOUTH DADELAND BLVD.  
SUITE 400  
MIAMI FL 33156**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 the # of signatures) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	11 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOBLE, CARLOS	12 NAME	
STREET ADDRESS	700 BRICKELL AVE. 4TH FL.	13 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	14 CITY - ST - ZIP	
TITLE	SD	21 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, GENEVA	22 NAME	Murray, Willis
STREET ADDRESS	3750 NE 169TH ST #404	23 STREET ADDRESS	5422 N.W. 192 Lane
CITY - ST - ZIP	N. MIAMI BCH FL	24 CITY - ST - ZIP	Miami, FL 33055
TITLE	PD	31 TITLE	T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOSTER, ROSEBUD	32 NAME	Brahms, Milton
STREET ADDRESS	FIU-BAY VISTA -AC1210	33 STREET ADDRESS	1050 N.E. 204 Terrace
CITY - ST - ZIP	NORTH MIAMI FL	34 CITY - ST - ZIP	North Miami Beach, FL 33179
TITLE	ED	41 TITLE	M <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOKESBERRY, JOHN	42 NAME	
STREET ADDRESS	9500 S DADELAND BLVD SUITE 400	43 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	44 CITY - ST - ZIP	
TITLE	VD	51 TITLE	S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANCHEZ, JOSE	52 NAME	
STREET ADDRESS	1125 FLAGLER AVENUE	53 STREET ADDRESS	
CITY - ST - ZIP	KEY WEST FL	54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 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 110.07(3)(k), 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 addition.

SIGNATURE: John L. Stokesberry *John L. Stokesberry* 6/9/95 305/670-6500  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR (Date) (Daytime Phone #)

CR2E037 (3/95)