


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90080 042 ****70.00

DOCUMENT # N28414				
1. Entity Name ALLIANCE FOR AGING, INC.				
Principal Place of Business 9500 S. DADELAND BLVD. SUITE 400 MIAMI, FL 33156		Mailing Address 9500 S. DADELAND BLVD. SUITE 400 MIAMI, FL 33156		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent		
WEISBERG, STEVEN 9500 SOUTH DADELAND BLVD. SUITE 400 MIAMI, FL 33156		Name <u>PEYTON, KARLENE</u>		
		Street Address (P.O. Box Number is Not Acceptable) <u>9500 S. DADELAND BLVD #400</u>		
		City <u>MIAMI, FL</u>	Zip Code <u>33156</u>	
8. 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. I am familiar with, and accept the obligations of registered agent.				
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>				
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROBITAILLE, JOHN 10485 SW 78TH STREET MIAMI, FL 33173 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY MAURER, GEORGE 1800 ATLANTIC BLVD #119-C KEY WEST, FL. 33040 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BERRIN, ROSLYN 9001 SW 56 CT CORAL GABLES, FL 33156 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER POPE, SUZETTE 3425 NW 4 TERRACE MIAMI, FL. 33126 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEISBERG, STEVEN 9500 S DADELAND BLVD SUITE 400 MIAMI, FL 33156 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ACTING PRESIDENT & CEO PEYTON, KARLENE 9500 S. DADELAND BLVD #400 MIAMI, FL 33156 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD CONNOR, OLGA A 8175 NW 12 ST MIAMI, FL 33126 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAIR COZAD, ROSA 300 S. PARK RD. HOLLYWOOD, FL. 33021 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD THOMPkins, RONALD A 500 NW 165TH STREET SUITE 205 MIAMI, FL 33169 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE CHAIR THOMPkins, RONALD 500 NW 165 ST #205 MIAMI, FL. 33169 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.				
SIGNATURE: <u>Karlene Peyton</u>		Date: <u>1/23/07</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		

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4. FEI Number 65-0101947 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required