

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N28567 (8)**

1. Corporation Name
AREA AGENCY ON AGING OF PALM BEACH/TREASURE COAST, INC.



Principal Place of Business: 8896 N MILITARY TRL STE 201C PALM BEACH GARDENS FL 33410
Mailing Address: 8896 N MILITARY TRL STE 201C PALM BEACH GARDENS FL 33410

3. Date Incorporated or Qualified: **09/27/1988**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **65-0087858**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WATT, JAMES L.
1200 NORTHBRIDGE CENTRE 1
515 NORTH FLAGLER DRIVE
W. PALM BEACH FL 33401-1307

81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 84 City: **FL** 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: DELETE
NAME: **PD VAN CUREN, GENE L**
STREET ADDRESS: **1399 NW LAKESIDE TRAIL**
CITY-ST-ZIP: **STUART FL**
TITLE: DELETE
NAME: **TD DAY, MARY E.**
STREET ADDRESS: **14226 LEEWARD WAY, STE. 1000**
CITY-ST-ZIP: **PALM BEACH GARDENS FL**
TITLE: DELETE
NAME: **VD GACKENHEIMER, E. DREW**
STREET ADDRESS: **4847 GLADSTONE DRIVE**
CITY-ST-ZIP: **WEST PALM BEACH FL**
TITLE: DELETE
NAME: **SD SYFRETT, FRANCES G.**
STREET ADDRESS: **PO BOX 1287 N/A**
CITY-ST-ZIP: **OKEECHOBEE FL**
TITLE: DELETE
NAME: **TD DRAGO, JOHN**
STREET ADDRESS: **55 S.E. THIRD AVENUE**
CITY-ST-ZIP: **OKEECHOBEE, FL**
TITLE: DELETE
NAME: **TD DRAGO, JOHN**
STREET ADDRESS: **55 S.E. THIRD AVENUE**
CITY-ST-ZIP: **OKEECHOBEE, FL**

1.1 TITLE: Change Addition
1.2 NAME: Change Addition
1.3 STREET ADDRESS: Change Addition
1.4 CITY-ST-ZIP: Change Addition
2.1 TITLE: Change Addition
2.2 NAME: **DAY, MARY E.**
2.3 STREET ADDRESS: **9043 E. HIGHLAND PINES BLVD.**
2.4 CITY-ST-ZIP: **PALM BEACH GARDENS, FL**
3.1 TITLE: Change Addition
3.2 NAME: Change Addition
3.3 STREET ADDRESS: Change Addition
3.4 CITY-ST-ZIP: Change Addition
4.1 TITLE: Change Addition
4.2 NAME: Change Addition
4.3 STREET ADDRESS: Change Addition
4.4 CITY-ST-ZIP: Change Addition
5.1 TITLE: Change Addition
5.2 NAME: **DRAGO, JOHN**
5.3 STREET ADDRESS: **55 S.E. THIRD AVENUE**
5.4 CITY-ST-ZIP: **OKEECHOBEE, FL**
6.1 TITLE: Change Addition
6.2 NAME: Change Addition
6.3 STREET ADDRESS: Change Addition
6.4 CITY-ST-ZIP: Change Addition

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 119.07(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 address.

SIGNATURE: *Mary E. Day*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96 (407)694-7601
Date Daytime Phone #

CR2E037 (12/95)