


FILE NOW: FILING FEE IS \$61.25

FILED

May 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N28567 (8)
1. Corporation Name
AREA AGENCY ON AGING OF PALM BEACH/TREASURE COAS T, INC.

Principal Place of Business 8895 N MILITARY TRL STE 201C PALM BEACH GARDENS FL 33410	Mailing Address 8895 N MILITARY TRL STE 201C PALM BEACH GARDENS FL 33410
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21 2. Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24 Country	29 Zip
25 Zip	30 Country

3. Date Incorporated or Qualified
09/27/1988

4. FEI Number
65-0087858

Applied For	
Not Applicable	

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	VAN CUREN, GENE L	
STREET ADDRESS	1399 NW LAKESIDE TRAIL	
CITY-ST-ZIP	STUART FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DAY, MARY E.	
STREET ADDRESS	9043 E HIGHLAND PINES BLVD	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GACKENHEIMER, E. DREW	
STREET ADDRESS	4847 GLADSTONE DRIVE	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SYFRETT, FRANCES G.	
STREET ADDRESS	PO BOX 1287 N/A	
CITY-ST-ZIP	OKEECHOBEE FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	DRAGO, JOHN	
STREET ADDRESS	55 SE THIRD AVE	
CITY-ST-ZIP	OKEECHOBEE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	KINSBY, EDWARD
5.3 STREET ADDRESS	3821 NORTH SHORE DRIVE
5.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33407
6.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	ZIMMERMAN, JEANNE
6.3 STREET ADDRESS	208 RIVER DRIVE
6.4 CITY-ST-ZIP	TEQUESTA FL 33469

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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* **REQUIRED** 561/694-7601

CR2E037 (10/97)