

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 23, 1999 8:00 am  
Secretary of State

04-23-1999 90045 033 \*\*\*\*61.25

DOCUMENT # N50988

1. Corporation Name

AREA AGENCY ON AGING OF CENTRAL FLORIDA, INC.

Principal Place of Business

1011 WYMORE ROAD  
SUITE 207  
WINTER PARK FL 32789

Mailing Address

1011 WYMORE ROAD  
SUITE 207  
WINTER PARK FL 32789



2. Principal Place of Business

988 Woodcock Road

2a. Mailing Address

988 Woodcock Road

3. Date Incorporated or Qualified

09/22/1992

Suite, Apt. #, etc.

Suite 200

Suite, Apt. #, etc.

Suite 200

4. FEI Number

59-3144723

Applied For

Not Applicable

City & State

Orlando FL

City & State

Orlando FL

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

Zip

32803

Country

USA

Zip

32803

Country

USA

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

LIETZ, FRED  
532 CASCADE CIRCLE  
UNIT #104  
CASSELBERRY FL 32707

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 617.1508, 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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	TUCKER, RICHARD	
STREET ADDRESS	20 VILLAGE DRIVE EAST	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	V	<input type="checkbox"/> DELETE
NAME	VAN REICH, WILLIAM	
STREET ADDRESS	400 SOUTH ORANGE AVENUE	
CITY-ST-ZIP	ORLANDO FL 31801	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SCHWEIZER-GURTIS, BEVERLY	
STREET ADDRESS	601 EAST ROLLINS STREET	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	T	<input type="checkbox"/> DELETE
NAME	WATERS, CAROL	
STREET ADDRESS	1322 S OAK STREET	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MIKE, THELMA	
STREET ADDRESS	1704 W NINTH STREET	
CITY-ST-ZIP	SANFOR FL 31771	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHAPIRO, PETER	
STREET ADDRESS	912 BRADSHAW TERR	
CITY-ST-ZIP	ORLANDO FL	

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	<input 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/99 (407) 246-2034

CR2E037-(11/98)