

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50988

FILED
Apr 30, 2009
Secretary of State

Entity Name: AREA AGENCY ON AGING OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

988 WOODCOCK RD
STE 200
ORLANDO, FL 32803 US

New Principal Place of Business:

Current Mailing Address:

988 WOODCOCK RD
STE 200
ORLANDO, FL 32803 US

New Mailing Address:

FEI Number: 59-3144723 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SUTTON, GERALD S MR.
310 SALVADOR SQUARE
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WANDEL, KATHY MS
Address: 1410 RIVIERA DR
City-St-Zip: KISSIMMEE, FL 34744

Title: V () Delete
Name: WITSELL, TYRA MS
Address: 2002A E MICHIGAN ST
City-St-Zip: ORLANDO, FL 32806

Title: S () Delete
Name: ROSSELL, RICHARD MR
Address: 4291 WOODHALL CIRCLE
City-St-Zip: VIERA, FL 32955

Title: T () Delete
Name: KELLY, KERRY MR
Address: 334 PONCE DE LEON
City-St-Zip: ORLANDO, FL 32801

Title: D () Delete
Name: SWANN, KENNETH J MR
Address: 6101 LAKE ELLENOR DR
City-St-Zip: ORLANDO, FL 32809

Title: D () Delete
Name: KELLY, ANNETTE MS
Address: 1520 E BLVD
City-St-Zip: MAITLAND, FL 32751

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: BRIMER, MARK MR
Address: 565 CASSIA BLVD
City-St-Zip: SATELLITE BEACH, FL 32937

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: KRAMER, DON MR
Address: 8085 SPYGLASS HILL RD
City-St-Zip: VIERA, FL 32940

Title: D (X) Change () Addition
Name: NELSON, JENNIFER MS
Address: 228 MARKHAM WOODS RD
City-St-Zip: LONGWOOD, FL 32779

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHY WANDEL

Electronic Signature of Signing Officer or Director

PRES

04/30/2009

Date