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FILED
Apr 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
**1998**

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

DOCUMENT # **N96000004160 (5)**

1. Corporation Name

**AGE INSTITUTE OF FLORIDA, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| C/O AGE INSTITUTE. PROF. ARTS BLDG.<br>25 PENNCRAFT AVENUE<br>CHAMBERSBURG PA 17201 | C/O AGE INSTITUTE. PROF. ARTS BLDG.<br>25 PENNCRAFT AVENUE<br>CHAMBERSBURG PA 17201 |

3. Date Incorporated or Qualified: 08/08/1996

4. FEI Number: 23-2856813 ☐ Applied For ☐ Not Applicable

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

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**

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | CPT | ☐ DELETE | 1.1 TITLE | D | ☐ Change ☒ Addition |
| NAME | TSCHOP, CAROL A. | | 1.2 NAME | SYLVIA M. GARCIA | |
| STREET ADDRESS | 141 HARVEST LANE | | 1.3 STREET ADDRESS | 11694 LINDEN DRIVE | |
| CITY-ST-ZIP | CHAMBERSBURG PA 17201 | | 1.4 CITY-ST-ZIP | SPRING HILL, FL 34608 | |
| TITLE | VT | ☐ DELETE | 2.1 TITLE | D | ☐ Change ☒ Addition |
| NAME | STOOPS, ANGELA D | | 2.2 NAME | TIMOTHY D. JOHNSON | |
| STREET ADDRESS | 14177 ANTHONY HIGHWAY | | 2.3 STREET ADDRESS | 321 FEASTER ROAD | |
| CITY-ST-ZIP | WAYNESBORO PA 17268 | | 2.4 CITY-ST-ZIP | CHAMBERSBURG, PA 17201 | |
| TITLE | S | ☐ DELETE | 3.1 TITLE | D | ☐ Change ☒ Addition |
| NAME | KUMP, SUSAN M | | 3.2 NAME | MARY KATHERINE McDONOUGH | |
| STREET ADDRESS | 7530 NYESVILLE ROAD | | 3.3 STREET ADDRESS | 399 MAIN STREET | |
| CITY-ST-ZIP | CHAMBERSBURG PA 17201 | | 3.4 CITY-ST-ZIP | CHARLESTOWN, MA 02129 | |
| TITLE | D | ☐ DELETE | 4.1 TITLE | D | ☐ Change ☒ Addition |
| NAME | CORMAN, JOHN P | | 4.2 NAME | REBECCA A. PHILLIPS | |
| STREET ADDRESS | 41 PARKRIDGE DRIVE | | 4.3 STREET ADDRESS | 3439 MIDVALE AVENUE | |
| CITY-ST-ZIP | BRYN MAWR PA 19010 | | 4.4 CITY-ST-ZIP | PHILADELPHIA, PA 19129 | |
| TITLE | D | ☐ DELETE | 5.1 TITLE | D | ☒ Change ☐ Addition |
| NAME | JABRO, ANN D | | 5.2 NAME | JABRO, ANN D. | address |
| STREET ADDRESS | 1781 CIRCLEVILLE RD | | 5.3 STREET ADDRESS | 70 BELLVIEW DRIVE | |
| CITY-ST-ZIP | STATE COLLEGE PA 16803 | | 5.4 CITY-ST-ZIP | McKEES ROCKS PA 15136 | |
| TITLE | D | ☐ DELETE | 6.1 TITLE | D | ☐ Change ☒ Addition |
| NAME | MADONNA, HARRY D | | 6.2 NAME | ELIZABETH B. WARSHAWER | |
| STREET ADDRESS | 5 CLAYTON PLACE | | 6.3 STREET ADDRESS | 109 DUNN'S COVE ROAD | |
| CITY-ST-ZIP | NEWTOWN SQUARE PA 19073 | | 6.4 CITY-ST-ZIP | MEDIA, PA 19063 | |

CR2E037 (10/97)

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:** _____ 4-22-98 717-263-7766