

FILE NOW: FILING FEE IS \$61.25

FILED  
May 20 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE Sandra W. Williamson Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000005549 (8)**

1. Corporation Name  
**KINNERET COUNCIL ON AGING, INC.**



Principal Place of Business <b>515 SOUTH DELANEY AVENUE ORLANDO FL 32801</b>	Mailing Address <b>515 SOUTH DELANEY AVENUE ORLANDO FL 32801-3820</b>
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3. Date Incorporated or Qualified <b>10/28/1996</b>	3a. Date of Last Report
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>59-3408517</b>	Applied For <input type="checkbox"/>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24. Country	29. Country		

9. Name and Address of Current Registered Agent  
**KOLIFAN, JEFF ?  
430 NORTH MILLS AVENUE  
ORLANDO FL 32803**

10. Name and Address of New Registered Agent

81. Name <b>IVAN LEFKOWITZ</b>
82. Street Address (P.O. Box Number is Not Acceptable) <b>430 North Mills Avenue</b>
83. City <b>Orlando</b>
84. State <b>FL</b>
85. Zip Code <b>32803</b>

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: *[Signature]* DATE: **5-8-97**

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>KAMENOFF, MICHAEL</b>
STREET ADDRESS	<b>POST OFFICE BOX 181123</b>
CITY-ST-ZIP	<b>ALTAMONTE SPRINGS FL 32716</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>LECKART-SMITH, JANICE</b>
STREET ADDRESS	<b>1001 CHICHESTER STREET</b>
CITY-ST-ZIP	<b>ORLANDO FL 32803</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>LEVITT, ROZ</b>
STREET ADDRESS	<b>1509 NORTH CAROLWOOD BLVD.</b>
CITY-ST-ZIP	<b>FERN PARK FL 32730</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>MYLES, JACK</b>
STREET ADDRESS	<b>10714 LARISSA STREET</b>
CITY-ST-ZIP	<b>ORLANDO FL 32821</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>RENDER, BARRY PH.D.</b>
STREET ADDRESS	<b>2830 VIA TUSCANY</b>
CITY-ST-ZIP	<b>WINTER PARK FL 32789</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>SCHWARTZ, MURRAY</b>
STREET ADDRESS	<b>1010 VIRGINIA DRIVE</b>
CITY-ST-ZIP	<b>ORLANDO FL 32803</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>P</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>SILVERBERG, MARK</b>
1.3 STREET ADDRESS	<b>607 SWEETWATER COVE BLVD S</b>
1.4 CITY-ST-ZIP	<b>LONGWOOD, FL 32779</b>
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>JUDY S. KAHAN</b>
2.3 STREET ADDRESS	<b>206 N. CASTLEFORD CT</b>
2.4 CITY-ST-ZIP	<b>LONGWOOD, FL 32779</b>
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 do 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: *[Signature]* DATE: **1/31/97**

407 425  
4537  
Daytime Phone # 0016070

CR2E037 (9/96)