

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 515 SOUTH DELANEY AVENUE ORLANDO FL 32801	Mailing Address 515 SOUTH DELANEY AVENUE ORLANDO FL 32801
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3. Date Incorporated or Qualified 10/28/1996	
4. FEI Number 59-3408517	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**LEFKOWITZ, IVAN
430 N MILLS AVE
ORLANDO FL 32803**

10. Name and Address of New Registered Agent

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

FL

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	SILVERBERG, MARK
STREET ADDRESS	807 SWEETWATER COVE BLVD S
CITY-ST-ZIP	LONGWOOD FL
TITLE	D <input type="checkbox"/> DELETE
NAME	KAHAN, JUDY S
STREET ADDRESS	206 N CASTLEFORD CT
CITY-ST-ZIP	LONGWOOD FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	LEVITT, ROZ
STREET ADDRESS	1509 NORTH CAROLWOOD BLVD.
CITY-ST-ZIP	FERN PARK FL 32730
TITLE	D <input type="checkbox"/> DELETE
NAME	MYLES, JACK
STREET ADDRESS	10714 LARISSA STREET
CITY-ST-ZIP	ORLANDO FL 32821
TITLE	D <input type="checkbox"/> DELETE
NAME	RENDER, BARRY PH.D.
STREET ADDRESS	2830 VIA TUSCANY
CITY-ST-ZIP	WINTER PARK FL 32789
TITLE	D <input type="checkbox"/> DELETE
NAME	SCHWARTZ, MURRAY
STREET ADDRESS	1010 VIRGINIA DRIVE
CITY-ST-ZIP	ORLANDO FL 32803

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	TREASURER <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	LEFKOWITZ, JOE
3.3 STREET ADDRESS	57 INTERLAKEN RD
3.4 CITY-ST-ZIP	ORLANDO, FL 32804
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.

SIGNATURE: _____
 Executive Director
 Judy Kahan 2-12-98 (407) 425-4537

CR2E037 (10/97)