

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90189 046 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000005549
 1. Corporation Name
KINNERET COUNCIL ON AGING, INC.

272293 - 90109 - 26

Principal Place of Business 515 SOUTH DELANEY AVENUE ORLANDO FL 32801	Mailing Address 515 SOUTH DELANEY AVENUE ORLANDO FL 32801
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/28/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3408517
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
	Country 29	Trust Fund Contribution <input type="checkbox"/>

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SILVERBERG, MARK		1.2 NAME	
STREET ADDRESS 607 SWEETWATER COVE BLVD S		1.3 STREET ADDRESS	
CITY-ST-ZIP LONGWOOD FL		1.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KAHAN, JUDY S		2.2 NAME	
STREET ADDRESS 206 N CASTLEFORD CT		2.3 STREET ADDRESS	
CITY-ST-ZIP LONGWOOD FL		2.4 CITY-ST-ZIP	
TITLE T	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LEFKOWITZ, JOE		3.2 NAME	
STREET ADDRESS 57 INTERLAKEN RD		3.3 STREET ADDRESS	
CITY-ST-ZIP ORLANDO FL 32804		3.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MYLES, JACK		4.2 NAME	
STREET ADDRESS 10714 LARISSA STREET		4.3 STREET ADDRESS	
CITY-ST-ZIP ORLANDO FL 32821		4.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RENDER, BARRY PH.D.		5.2 NAME	
STREET ADDRESS 2630 VIA TUSCANY		5.3 STREET ADDRESS	
CITY-ST-ZIP WINTER PARK FL 32789		5.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SCHWARTZ, MURRAY		6.2 NAME	
STREET ADDRESS 1010 VIRGINIA DRIVE		6.3 STREET ADDRESS	
CITY-ST-ZIP ORLANDO FL 32803		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 REQUIRED *Judy Kahan* 3-23-99 (407)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 Judy Kahan 425-4537

CR2E037 (11/88)