NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Flarris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # N9600005549

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 32901

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

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

2. Brincina	I Place of Business	2a. Mailing Address			3. Date Incorporated or Qualife	ed /	<del></del>	<del></del>
	# FIEDS OF BUSINESS	26			10/28/1996	. /	•	·
	pl. #, etc.	Suite, Apt. #, etc.			4. FEI Number	- /	Apt	olled For
2	φι. π, αισ.	27			59-3408517	_	· No	t Applicable
City & S	State	City & State	•		5. Certificate of Status Desired		\$8.75 A	
Zip	Country	28 Zio	Countr	<u> </u>	6. Election Campaign Financin	<u> </u>	\$5.00	
4	25		30		Trust Fund Contribution		Added to	
•1	9. Name and Address of Curre		100,		10. Name and Address of New	w Registered	Agent	
			8	Name				
LEEKOV	ART7 N/AN		8	D D- A Add	fress (P.O. Box Number is Not Acce	nhahia)	<del></del>	<u> </u>
	MTZ, IVAN MILLS AVE	,	18.	Z Street Add		, hand)	•	
			8	3				
ORLANDO FL 32803					<u> </u>		85 Zip Code	
			8	4 City		· FL	85 Zip C	-QQB
office o	ant to the provisions of Sections 617.05 or registered agent, or both, in the State I am familiar with, and accept the oblig	e of Florida. Such change was a jations of, Section 617.0503, Fig.	rida Statute	\$.	ions board of directors. Horoby acc	he purpose of cept the appoir	changing its ntment as reg	registered Istered
office of agent. SIGNATUR	or registered agent, or both, in the State I am familiar with, and accept the oblig RE Stommer, typed or printed name of registered ag-	ent and title if explicable (NOTE	rida Statute	\$.	ad when remetating)	he purpose of cept the appoin		
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office of agent.  SIGNATUR  12.  TITLE  WAME  STREET ADDRE  STREET ADDRE	P SILVERBERG, MARK 607 SWEETWATER COVE BLV LONGWOOD FL  D KAHAN, JUDY S 206 N CASTLEFORD CT LONGWOOD FL  T LEFKOWITZ, JOE 57 INTERLAKEN RD ORLANDO FL 32804	aptions of, Section 617,0503, Fito patients of, Section 617,0503, Fito patients of, Section 617,0503, Fito patients and We if applicable (MOTE ND DIRECTORS DELETE	Registered Ap 13. 1.1 ITTLE 12 NAME 1.3 STRE 1.4 CITY- 2.1 TITLE 22 NAME 2.3 STRE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STRE 3.4 CITY-	S.  Ant signature require  ET ADDRESS  ST-ZIP  ET ADDRESS  ST-ZIP  ET ADDRESS  ST-ZIP  ST-ZIP  ST-ZIP	and when rewestering)  ADDITIONS/CHANGES TO (	he purpose of cept the appoin	D DIRECTO Change Change	RS IN 12 Addition Addition

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 securate 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.

4.4 CITY: ST. ZIF

5.3 STREET ADDRESS

6.3 STREET ADDRESS

8.4 CITY-ST-ZIP

S.4 OTTY-ST-ZIP

51 TILE

5.2 NAME

6.1 TITLE

E 2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRES

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME

TITLE

NAME

ORLANDO FL 32821

2630 VIA TUSCANY

RENDER, BARRY PH.D.

WINTER PARK FL 32789

SCHWARTZ, MURRAY

1010 VIRGINIA DRIVE

ORLANDO FL 32803

SIGNATURE REQUIRED

DELETE

DELETE

Addition

☐ Addition

Change