

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 20, 2005
Secretary of State

DOCUMENT# N9600000549

Entity Name: KINNERET COUNCIL ON AGING, INC.

Current Principal Place of Business:

515 SOUTH DELANEY AVENUE
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

515 SOUTH DELANEY AVENUE
ORLANDO, FL 32801

New Mailing Address:

FEI Number: 59-3408517 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: MANDELKERN, PAUL
Address: 653 SELKIRK DRIVE
City-St-Zip: WINTER PARK, FL 32792

Title: D () Delete
Name: KAHAN, JUDY S
Address: 206 N CASTLEFORD CT
City-St-Zip: LONGWOOD, FL

Title: P () Delete
Name: PEARLMAN, RHODA K
Address: 3900 NEPTUNE DR
City-St-Zip: ORLANDO, FL 32804

Title: P () Delete
Name: HALIKMAN, FARLEN
Address: 1201 S ORLANDO AVE STE 400
City-St-Zip: WINTER PARK, FL 32789

Title: S () Delete
Name: POLEJES, ALISON
Address: 2110 FORREST RD.
City-St-Zip: WINTER PARK, FL 32789

Title: T () Delete
Name: WEBMAN, ED
Address: 1314 GREEN COVE RD
City-St-Zip: WINTER PARK, FL 32789

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUDY KAHAN

DOR

05/20/2005

Electronic Signature of Signing Officer or Director

_____ Date