

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

07 MAR 23 PM 12:40

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # N96000005549 1. Entity Name KINNERET COUNCIL ON AGING, INC.					
Principal Place of Business 515 S DELANEY AVENUE ORLANDO, FL 32801			Mailing Address 515 S DELANEY AVENUE ORLANDO, FL 32801		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number 59-3408517	
Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent JS MANAGEMENT, LLC 515 S DELANEY AVE ORLANDO, FL 32801			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
JS MANAGEMENT, LLC 515 S DELANEY AVE ORLANDO, FL 32801			FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
04/04/07--01048--004 **\$61.25					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC MANDELKERN, PAUL 653 SELKIRK DRIVE WINTER PARK, FL 32792	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Valerie Denner 594 Caledonia Drive Sanford, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LEVIN, LAURIE S 200 S ORANGE AVE, STE 2300 ORLANDO, FL 32801	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Carol Feuerman 100 Sweetwater Creek Ct Longwood, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PEARLMAN, RHONDA K 3900 NEPTUNE DR ORLANDO, FL 32804	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Barbara Freidman 1557 Eagles Nest Circle Winter Springs, FL 32708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HALIKMAN, FARLEN 1201 S ORLANDO AVE STE 400 WINTER PARK, FL 32789	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Robert Hara 118 N. Wymore Rd. Winter Park, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V POLEJES, ALISON 2110 FORREST RD. WINTER PARK, FL 32789	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Rita Jacobson 400 E Colonial Dr Apt 303 Orlando, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GINSBERG, JEFFREY 12725 PINEY WOODS WAY CLERMONT, FL 34711	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Joseph Meir 275 E. Central Parkway #327 Altamonte Springs, FL 32701
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date: 3/15/07 Daytime Phone #: 407-740-5400	

Additional Directors to add:

D Addition
Barry Render, Ph.D.
2630 Via Tuscany
Winter Park, FL 32789

D Addition
Eric Schwartz
1411 Elizabeth Dr.
Winter Park, FL 32789

D Addition
Mark B. Silverberg
607 Sweetwater Cove Blvd. S
Longwood, FL 32789

D Addition
Ed Webman
1314 Green Cove Rd.
Winter Park, FL 32789

D Addition
Felicia Zeigler
2016 Santa Antilles Rd.
Orlando, FL 32806