
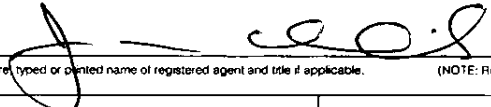
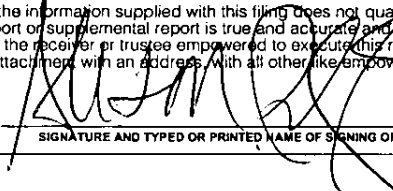


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 27, 2008 8:00 am**  
**Secretary of State**

02-27-2008 90014 032 \*\*\*\*61.25

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	Zip	Country	4. FEI Number <b>59-3408517</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
JS MANAGEMENT, LLC 515 S DELANEY AVE ORLANDO, FL 32801				Name <b>James M. Chadwick</b> Street Address (P.O. Box Number is Not Acceptable) <b>11300 4th Street N., Suite 200</b> City <b>St. Petersburg</b> <b>FL</b> Zip Code <b>33716</b>	
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.					
SIGNATURE 					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	SEC	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANDELKERN, PAUL		NAME	SAME	
STREET ADDRESS	653 SELKIRK DRIVE		STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK, FL 32792		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVIN, LAURIE S		NAME	SAME	
STREET ADDRESS	200 S ORANGE AVE, STE 2300		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32801		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEARLMAN, RHONDA K		NAME	SAME	
STREET ADDRESS	3900 NEPTUNE DR		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32804		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALIKMAN, FARLEN		NAME	SAME	
STREET ADDRESS	1201 S ORLANDO AVE STE 400		STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK, FL 32789		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	P/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POLEJES, ALISON		NAME	SAME	
STREET ADDRESS	2110 FORREST RD.		STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK, FL 32789		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GINSBERG, JEFFREY		NAME		
STREET ADDRESS	12725 PINY WOODS WAY		STREET ADDRESS		
CITY-ST-ZIP	CLERMONT, FL 34711		CITY-ST-ZIP		
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:  <b>Alison Polejes</b> 01/25/08 (407) 628-8484					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

ATTACHMENT

40033844

#N96000005549

2008 Uniform Business Report—cont.  
Kinneret Council on Aging, Inc./N96000005549

10. Officers and Directors	11. Additions/ Changes to Officers and Directors in 10
S/D <input type="checkbox"/> Delete Ziegler, Felecia 2016 Santa Antilles Rd. Orlando, FL 32806	<input type="checkbox"/> Change <input type="checkbox"/> Addition
V/D <input type="checkbox"/> Delete Schwartz, Eric 1733 Pine Avenue Winter Park, FL 32789	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D <input type="checkbox"/> Delete Blaher, Neal 2526 Mohawk Trail Maitland, FL 32751	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D <input type="checkbox"/> Delete Conley, Ann 8620 SE 12 <sup>th</sup> Court Ocala, FL 34480	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D <input type="checkbox"/> Delete Denner, Valerie 594 Caedonia Dr. Sanford, FL 32771	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D <input type="checkbox"/> Delete Feuerman Carol 100 Sweetwater Creek Ct. Longwood, FL 32779	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D <input type="checkbox"/> Delete Hara, Robert 118 N. Wymore Rd. Winter Park, FL 32789	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D <input type="checkbox"/> Delete Robinson, Ian D. 2521 Tuscaloosa Trail Winter Park, FL 32789	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D <input type="checkbox"/> Delete Silverberg, Mark B. 607 Sweetwater Cove Blvd., S Longwood, FL 32779	<input type="checkbox"/> Change <input type="checkbox"/> Addition

ATTACHMENT  
40033844  
#N96000005549

2008 Uniform Business Report—cont.  
Kinneret Council on Aging, Inc./N96000005549

D Udelson, Tara 610 East Gore Street Orlando, FL 32806	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D Webman, Ed 1314 Green Cove Rd. Winter Park, FL 32789	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D Wolf, Steven 5415 Lake Howell Rd. #216 Winter Park, FL 32792	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition