

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# N96000005549

Entity Name: KINNERET COUNCIL ON AGING, INC.

Current Principal Place of Business:

515 S DELANEY AVENUE
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

515 S DELANEY AVENUE
ORLANDO, FL 32801

New Mailing Address:

FEI Number: 59-3408517 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHADWICK, JAMES M
11300 4TH STREET N. SUITE 200
SAINT PETERSBURG, FL 33716 US

Name and Address of New Registered Agent:

CHADWICK, JAMES M
1511 N. WESTSHORE BLVD.
SUITE 300
TAMPA, FL 33607 US

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

04/29/2009

_____ Date

OFFICERS AND DIRECTORS:

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

Title: V/D () Delete
Name: LEVIN, LAURIE S
Address: 200 S ORANGE AVE, STE 2300
City-St-Zip: ORLANDO, FL 32801

Title: D () Delete
Name: PEALMAN, RHONDA K
Address: 3900 NEPTUNE DR
City-St-Zip: ORLANDO, FL 32804

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

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

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V/D (X) Change () Addition
Name: SCHWARTZ, ERIC
Address: 1733 PINE AVE.
City-St-Zip: WINTER PARK, FL 32789

Title: V/D (X) Change () Addition
Name: LEVIN, LAURIE J
Address: 200 S ORANGE AVE, STE 2300
City-St-Zip: ORLANDO, FL 32801

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

Title: T/D (X) Change () Addition
Name: HALIKMAN, FARLEN
Address: 1201 S ORLANDO AVE STE 400
City-St-Zip: WINTER PARK, FL 32789

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

Title: S/D () Change (X) Addition
Name: ZIEGLER, FELECIA
Address: 1201 E. ROBINSON STREET
City-St-Zip: ORLANDO, FL 32801

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ALISON POLEJES

Electronic Signature of Signing Officer or Director

P/D

04/29/2009

_____ Date