

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005549

FILED
Jan 14, 2011
Secretary of State

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
1511 N. WESTSHORE BLVD.
SUITE 300
TAMPA, FL 33607 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: SD
Name: LEFKOWITZ, AMY
Address: 4706 ANSON LANE
City-St-Zip: ORLANDO, FL 32814

Title: VPD
Name: FEUERMAN, CAROL
Address: 100 SWEETWATER CREEK CT
City-St-Zip: LONGWOOD, FL 32779

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

Title: TD
Name: HARA, ROBERT
Address: 931 S. SEMORAN BLVD., STE 214
City-St-Zip: WINTER PARK, FL 32792

Title: PD
Name: POLEJES, ALISON
Address: 2110 FORREST RD.
City-St-Zip: WINTER PARK, FL 32789

Title: VPD
Name: WOLF, STEPHEN
Address: 5415 LAKE HOWELL ROD. #216
City-St-Zip: WINTER PARK, FL 32792

I hereby 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 all other like empowered.

SIGNATURE: ALISON POLEJES

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01/14/2011

Electronic Signature of Signing Officer or Director

Date