## 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N96000005549

FILED Jan 17, 2012 Secretary of State

Entity Name: KINNERET COUNCIL ON AGING, INC.

Current Principal Place of Business: New Principal Place of Business:

515 S DELANEY AVENUE ORLANDO, FL 32801

Current Mailing Address: New Mailing Address:

515 S DELANEY AVENUE ORLANDO, FL 32801

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

CHADWICK, JAMES M
5300 W. CYPRESS ST.
SUITE 200
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: 01/17/2012

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: TD

Name: SILVERBERG, MARK B

Address: 607 SWEETWATER COVE BLVD. S.

City-St-Zip: LONGWOOD, FL 32779

Title: VPD

Name: BLAHER, NEAL
Address: 2526 MOHAWK TRAIL
City-St-Zip: MAITLAND, FL 32751

Title:

 Name:
 POLEJES, ALISON

 Address:
 2110 FORREST RD.

 City-St-Zip:
 WINTER PARK, FL 32789

Title: PD

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: STEPHEN WOLF P 01/17/2012