


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90262 001 ****61.25

DOCUMENT # N96000005549

1. Entity Name
KINNERET COUNCIL ON AGING, INC.



Principal Place of Business Mailing Address
515 SOUTH DELANEY AVENUE **515 SOUTH DELANEY AVENUE**
ORLANDO FL 32801 **ORLANDO FL 32801**


2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

1000000



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3408517** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

LEFKOWITZ, IVAN
430 N MILLS AVE
ORLANDO FL 32803

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **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.

SIGNATURE _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> Delete
NAME	SILVERBERG, MARK	
STREET ADDRESS	607 SWEETWATER COVE BLVD S	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KAHAN, JUDY S	
STREET ADDRESS	206 N CASTLEFORD CT	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	PEARLMAN, RHODA K	
STREET ADDRESS	3900 NEPTUNE DR	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE	T	<input type="checkbox"/> Delete
NAME	HALIKMAN, FARLEN	
STREET ADDRESS	1201 S. ORLANDO AVE STE 400	
CITY-ST-ZIP	CHRISTMAS FL 32709-7192	
TITLE	S	<input type="checkbox"/> Delete
NAME	RENDER, BARRY PH.D.	
STREET ADDRESS	2630 VIA TUSCANY	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLAHER, NEAL J	
STREET ADDRESS	PO BOX 804	
CITY-ST-ZIP	ORLANDO FL 32802-0804	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Judy Kahan* **2/12/03** **407 4254537**

CR2E037 (10/02)