

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767310

Entity Name: FLORIDA ADULT DAY SERVICES ASSOCIATION, INC.

FILED
Jan 10, 2014
Secretary of State
CC5036571870

Current Principal Place of Business:

5200 NW 43RD ST
102 PMB-310
GAINESVILLE, FL 32606

Current Mailing Address:

5200 NW 43RD ST
102 PMB-310
GAINESVILLE, FL 32606 US

FEI Number: 59-2283155

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WAHLSTROM, LUANNE
1800 SANTA BARBARA BLVD
NAPLES, FL 34116 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: LUANNE WAHLSTROM

01/10/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name MCKAY, MARYJO
Address P.O. BOX 1110
City-State-Zip: TAMPA FL 33601

Title PRESIDENT
Name POWERS, CHRIS
Address 12417 CLOCK TOWER PARKWAY
City-State-Zip: HUDSON FL 34667

Title VP
Name CORNETT, MARK
Address 800 NORTHPOINT PARKWAY
SUITE 101-B
City-State-Zip: WEST PALM BEACH FL 33407

Title TREASURER
Name WAHLSTROM, LUANNE
Address 1800 SANTA BARBARA BLVD
City-State-Zip: NAPLES FL 34116

Title SECRETARY
Name KLEGER, SHELDON
Address 5200 NW 43RD ST
102 PMB-310
City-State-Zip: GAINESVILLE FL 32606

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: LUANNE WAHLSTROM

TREASURER

01/10/2014

Electronic Signature of Signing Officer/Director Detail

Date