

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50988

Entity Name: AREA AGENCY ON AGING OF CENTRAL FLORIDA, INC.**Current Principal Place of Business:**988 WOODCOCK RD
STE 200
ORLANDO, FL 32803**Current Mailing Address:**988 WOODCOCK RD
STE 200
ORLANDO, FL 32803 US**FEI Number:** 59-3144723**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HUNT, RANDALL DMR.
988 WOODCOCK RD
SUITE 200
ORLANDO, FL 32803 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_____
Date**Officer/Director Detail :**

Title	PRESIDENT
Name	KELLY, KERRY MR
Address	334 PONCE DE LEON
City-State-Zip:	ORLANDO FL 32801

Title	VP
Name	BRIMER, MARK MR
Address	850 LOGGERHEAD ISLAND DR
City-State-Zip:	SATELLITE BEACH FL 32937

Title	DIRECTOR
Name	PAIGE, LINDA MS
Address	1419 S RIVERSIDE DR
City-State-Zip:	INDIALANTIC FL 32903

Title	T
Name	PALMER, DOUGLAS MR
Address	1201 S ORLANDO AVE, SUITE 400
City-State-Zip:	WINTER PARK FL 32789

Title	D
Name	RILEY, KRAN MR
Address	2183 SAN JOSE BLVD
City-State-Zip:	ORLANDO FL 32808

Title	D
Name	CLARK, KATHERINE MS
Address	9342 WHITTINGHAM DR
City-State-Zip:	ORLANDO FL 32817

Title	SECRETARY
Name	SILVEY, DIANA
Address	220 EDINBURGH DR
City-State-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: KERRY KELLY

PRESIDENT

04/22/2013

Electronic Signature of Signing Officer/Director Detail_____
Date