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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 705727

1. Corporation Name
FLORIDA ASSOCIATION OF HOMES FOR THE AGING, INC.

Principal Place of Business	Mailing Address
1812 RIGGINS RD. TALLAHASSEE FL 32308	1812 RIGGINS RD. TALLAHASSEE FL 32308

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualifed
07/07/1963

4. FEI Number
23-7335883
☐ Applied For
☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

EARLY, JR., CHARLES L
112 N. FLORIDA AVE.
DELAND FL 32720

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WISE, BARBARA		1.2 NAME		
STREET ADDRESS	2855 GULF TO BAY BLVD		1.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 34619		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, RAY		2.2 NAME		
STREET ADDRESS	1000 VICARS LANDING WAY		2.3 STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA BCH FL 32082		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HARRISON, MARY		3.2 NAME		
STREET ADDRESS	413 NE 3RD ST.		3.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL 33483		3.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BOORD, SCOTT		4.2 NAME		
STREET ADDRESS	4847 FRED GLADSTONE DR.		4.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33417		4.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	NORTON, JACK M		5.2 NAME		
STREET ADDRESS	700 MEASE PLAZA		5.3 STREET ADDRESS		
CITY-ST-ZIP	DUNEDIN FL 34698		5.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	WHITLEY, WILLIAM R		6.2 NAME		
STREET ADDRESS	1400 LE BARRON ST		6.3 STREET ADDRESS		
CITY-ST-ZIP	JAX FL 32207		6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE: Marcia Cutts REQUIRED May 6, 1999 850-671-3700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)