

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711091

FILED  
Apr 19, 2005  
Secretary of State

Entity Name: FLORIDA COUNCIL ON AGING, INC.

## Current Principal Place of Business:

1018 THOMASVILLE RD  
STE 110  
TALLAHASSEE, FL 323033236

## New Principal Place of Business:

## Current Mailing Address:

1018 THOMASVILLE RD  
STE 110  
TALLAHASSEE, FL 323033236

## New Mailing Address:

FEI Number: 59-6194436

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DUGGAR, MARGARET L  
1018 THOMASVILLE RD #110  
TALLAHASSEE, FL 32303 US

## Name and Address of New Registered Agent:

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

## OFFICERS AND DIRECTORS:

Title: S ( ) Delete  
Name: GROZIER, JANET  
Address: 4800 DEERWOOD CAMPUS  
City-St-Zip: JACKSONVILLE, FL 32246

Title: T ( ) Delete  
Name: CLARK, JOHN  
Address: P.O. BOX 17066  
City-St-Zip: PENSACOLA, FL 325227066

Title: PP ( ) Delete  
Name: YATES, GWENDOLYN  
Address: 117 W. DUVAL ST.  
City-St-Zip: JACKSONVILLE, FL 32202

Title: P ( ) Delete  
Name: ROTHAM, MAX  
Address: 3000 NE 151 ST  
City-St-Zip: MIAMI, FL 331813000

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change ( ) Addition  
Name: CROZIER, JANET  
Address: 4800 DEERWOOD CAMPUS  
City-St-Zip: JACKSONVILLE, FL 32246

Title: T (X) Change ( ) Addition  
Name: LYNN, DAVE  
Address: P.O. BOX 2851  
City-St-Zip: DAYTONA BEACH, FL 32120

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: P (X) Change ( ) Addition  
Name: ROTHAM, MAX  
Address: 3000 NE 151 ST  
City-St-Zip: NORTH MIAMI, FL 331813000

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: MARGARET LYNN DUGGAR

EDIR

04/19/2005

Electronic Signature of Signing Officer or Director

Date