

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711091

FILED
Apr 24, 2008
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: THOMPSON, ANN
Address: P.O. BOX 4304
City-St-Zip: DOWLING PARK, FL 32064

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

Title: P () Delete
Name: CLARK, JOHN
Address: P. O. BOX 17066
City-St-Zip: PENSACOLA, FL 32522

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

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: CURVA, FELY
Address: 1018 THOMASVILLE RD., SUITE 105-B
City-St-Zip: TALLAHASSEE, FL 32303

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

Title: PP (X) Change () Addition
Name: CLARK, JOHN
Address: P. O. BOX 17066
City-St-Zip: PENSACOLA, FL 32522

Title: PE (X) Change () Addition
Name: CARTER, ROBERT
Address: 1888 BROTHER GEENEN WAY
City-St-Zip: SARASOTA, FL 34236

Title: T () Change (X) Addition
Name: BARBARA, KAUFFMAN
Address: P.O. BOX 3029
City-St-Zip: STUART, FL 34995

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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

DIR

04/24/2008

Electronic Signature of Signing Officer or Director

Date