2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#731535

FILED Jan 04, 2006 Secretary of State

Entity Name: NORTHEAST FLORIDA AREA AGENCY ON AGING, INC

Current Principal Place of Business: New Principal Place of Business:

4401 WESCONNETT BLVD. 4160 WOODCOCK DRIVE

2ND FLOOR 2ND FLOOR

JACKSONVILLE, FL 32210 US JACKSONVILLE, FL 32207 US

Current Mailing Address: New Mailing Address:

4401 WESCONNETT BLVD. 4160 WOODCOCK DRIVE

2ND FLOOR 2ND FLOOR

JACKSONVILLE, FL 32210 US JACKSONVILLE, FL 32207 US

FEI Number: 59-1569867 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LEVIN, LINDA J

4401 WECONNETT BLVD

4401 WECONNETT BLVD
2ND FLOOR
4160 WOODCOCK DRIVE
2ND FLOOR

JACKSONVILLE, FL 32210 US JACKSONVILLE, FL 32207 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: LINDA J. LEVIN 01/04/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: P () Delete Title: P (X) Change() Addition

 Name:
 ROSSI, MAUREEN
 Name:
 GREXA, JOHN

 Address:
 104 HIDDEN COVE LANE
 Address:
 548 DOMENICO CIRCLE

City-St-Zip: PONTE VEDRA BEACH, FL 32082 Address: 548 DOMENICO CIRCLE

Title: V () Delete Title: V (X) Change () Addition Name: FOX, EDWARD S JR. Name: MARVIN, KEITH R

 Address:
 P.O. BOX 1217
 Address:
 57 OSPREY CIRCLE

 City-St-Zip:
 MACCLENNY, FL 32063
 City-St-Zip:
 PALMCOAST, FL 32137

 $\label{eq:title:S} {\sf Title:S} \qquad \qquad {\sf S} \qquad {\sf (A) Change (A) Addition}$

 Name:
 WHEAT, BETTY
 Name:
 LYNCH, MARJORIE S

 Address:
 13876 RUBEN CRAWFORD RD.
 Address:
 5437 EAGLE CLAW DRIVE

 City-St-Zip:
 MACCLENNY, FL 32063
 City-St-Zip:
 PORT ORANGE, FL 32128

Name:LYNCH, MARJORIE SName:MAYO, JIMAddress:5437 EAGLE CLAW DRIVEAddress:1250 SOUTH 18TH STREETCity-St-Zip:PORT ORANGE, FL 32128City-St-Zip:FERNANDINA BEACH, FL 32034

I hereby certify that the information supplied with this filing does not qualify for the 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: JOHN GREXA P 01/04/2006