

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731535

FILED
Jan 04, 2010
Secretary of State

Entity Name: NORTHEAST FLORIDA AREA AGENCY ON AGING, INC

Current Principal Place of Business:

4160 WOODCOCK DRIVE
2ND FLOOR
JACKSONVILLE, FL 32207 US

New Principal Place of Business:

Current Mailing Address:

4160 WOODCOCK DRIVE
2ND FLOOR
JACKSONVILLE, FL 32207 US

New Mailing Address:

FEI Number: 59-1569867

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEVIN, LINDA J
4160 WOODCOCK DRIVE
2ND FLOOR
JACKSONVILLE, FL 32207 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: V
Name: PARKER, JOHN R
Address: 8 OSPREY CIRCLE
City-St-Zip: PALM COAST, FL 32137

Title: P
Name: MAYO, JIM
Address: 1250 S. 18TH STREET
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: S
Name: MACDONALD, DEBBIE
Address: 1825 GRASSINGTON WAY NORTH
City-St-Zip: JACKSONVILLE, FL 32223

Title: T
Name: ROVEDO, BARBARA
Address: 6817 SOUTHPPOINT PARKWAY, #801
City-St-Zip: JACKSONVILLE, FL 32216

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: LINDA J. LEVIN, MSG

ED

01/04/2010

Electronic Signature of Signing Officer or Director

Date