

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2007 8:00 am
Secretary of State

03-20-2007 90010 036 ****70.00

DOCUMENT # 739573

1. Entity Name
MID-FLORIDA AREA AGENCY ON AGING, INC.



Principal Place of Business
5700 SW 34 ST.
SUITE 222
GAINESVILLE, FL 32608-5394

Mailing Address
5700 SW 34 ST.
SUITE 222
GAINESVILLE, FL 32608-5394

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03062007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1777567

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LAFRENTZ, DEAN R.
5700 SW 34 ST.
SUITE 222
GAINESVILLE, FL 32608

7. Name and Address of New Registered Agent

Name
Kristen Longmore
Street Address (P.O. Box Number is Not Acceptable)
5700 SW 34 Street
Suite 222
City
Gainesville **FL** Zip Code
32608

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

(NOTE: Registered Agent signature required when reinstating)

DATE

3-7-07

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME MILLER, CHARLES
STREET ADDRESS P.O. BOX 1669 N/A
CITY-ST-ZIP LAKE CITY, FL

TITLE VP ☐ Delete
NAME JOHNSON, LEE
STREET ADDRESS 3841 NW 33RD PLACE
CITY-ST-ZIP GAINESVILLE, FL 32606

TITLE TD ☒ Delete
NAME HANSON, CATHERINE C
STREET ADDRESS P.O. BOX 7800
CITY-ST-ZIP TAVARES, FL 32778

TITLE SD ☒ Delete
NAME GRANT, JEAN
STREET ADDRESS P.O. BOX 513
CITY-ST-ZIP FLORAL CITY, FL 34436

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME Grant, Jean
STREET ADDRESS P.O. Box 513
CITY-ST-ZIP Floral City, FL 34436

TITLE ☐ Change ☒ Addition
NAME Euler, Jean C.
STREET ADDRESS 22332 Live Oak Ranch Road
CITY-ST-ZIP Umatilla, FL 32784

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles E. Miller March 7, 2007 352-378-6649

Date

Daytime Phone #