

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739573

FILED
Mar 02, 2009
Secretary of State

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

Current Principal Place of Business:

5700 SW 34 ST.
SUITE 222
GAINESVILLE, FL 326085394

New Principal Place of Business:

Current Mailing Address:

5700 SW 34 ST.
SUITE 222
GAINESVILLE, FL 326085394

New Mailing Address:

FEI Number: 59-1777567

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LONGMORE, KRISTEN
5700 SW 34 ST.
SUITE 222
GAINESVILLE, FL 32608 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: PD () Delete
Name: MILLER, CHARLES
Address: P.O. BOX 1669 N/A
City-St-Zip: LAKE CITY, FL

Title: VP () Delete
Name: JOHNSON, LEE
Address: 3841 NW 33RD PLACE
City-St-Zip: GAINESVILLE, FL 32606

Title: TD () Delete
Name: GRANT, JEAN
Address: P.O. BOX 513
City-St-Zip: FLORAL CITY, FL 34436

Title: SD () Delete
Name: EULER, JEAN C
Address: 22332 LIVE OAK RANCH RD.
City-St-Zip: UMATILLA, FL 32784

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TD (X) Change () Addition
Name: EULER, JEAN C
Address: 22332 LIVE OAK RANCH RD.
City-St-Zip: UMATILLA, FL 32784

Title: SD (X) Change () Addition
Name: HARKINS, LAVON
Address: 1386 HWY 301, SOUTH
City-St-Zip: SUMTERVILLE, FL 33585

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: CHARLES E. MILLER

PD

03/02/2009

Electronic Signature of Signing Officer or Director

_____ Date