

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739573

FILED
May 04, 2012
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 ()

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
Name: MILLER, CHARLES E
Address: 297 SW ANGELA TERRACE
City-St-Zip: LAKE CITY, FL 32024

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

Title: TD
Name: THALL, ALLISON
Address: P.O. BOX 7800
City-St-Zip: TAVARES, FL 32778

Title: SD
Name: CHANDLER, ISAAC JR
Address: PO BOX 101
City-St-Zip: JASPER, FL 32052

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: KRISTEN LONGMORE

ED

05/04/2012

Electronic Signature of Signing Officer or Director

Date