

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 741004 (6)

1. Corporation Name

FOUNDATION FOR AGING RESEARCH, INC.



Principal Place of Business

**1430 COURT ST
CLEARWATER FL 34616**

Mailing Address

**1430 COURT ST
CLEARWATER FL 34616**

3. Date Incorporated or Qualified
12/12/1977

3a. Date of Last Report
06/21/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1789293

Applied For

Not Applicable

22

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

23

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

24

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CHRISTISON, JAMES A
1430 COURT ST
CLEARWATER FL 34616**

81

Name

82

Street Address (P.O. Box Number is Not Acceptable)

83

84

City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	WADE, PAUL	
STREET ADDRESS	610 ISLAND WAY #501	
CITY-ST-ZIP	CLEARWATER, FL 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	CHRISTISON, JAMES A	
STREET ADDRESS	3903 LAKE ST GEORGE DR	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	NEGRELLI, PAMELA	
STREET ADDRESS	3903 LAKE ST GEORGE DR	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MORLAND, KENNETH	
STREET ADDRESS	1619 DOGWOOD LN.	
CITY-ST-ZIP	LYNCHBURG VA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HOGAN, ELWOOD JR	
STREET ADDRESS	613 S MYRTLE	
CITY-ST-ZIP	CLEARWATER, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ARMACOST, PETER	
STREET ADDRESS	5401 34TH ST SO	
CITY-ST-ZIP	ST PETERSBURG, FL 00000	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Pamela S. Negrelli **Pamela S. Negrelli**

4/19/94

813/461-1498

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)