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Feb 04 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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 34616-61473. Date Incorporated or Qualified
12/12/19773a. Date of Last Report
04/24/1996

2. Principal Place of Business

21 4750 Brittany Dr. S.

Suite, Apt. #, etc.

22 25

City & State

23 St. Petersburg FL

24 33715

Country
Pinellas
USA

2a. Mailing Address

26 4750 Brittany Dr. S.

Suite, Apt. #, etc.

27 25

City & State

28 St. Petersburg FL

29 33715

Country
Pinellas
USA

4. FEI Number

59-1789293

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☒ No

9. Name and Address of Current Registered Agent

CHRISTISON, JAMES A
1430 COURT ST
CLEARWATER FL 34616

10. Name and Address of New Registered Agent

81 Name

Current

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

4750 Brittany Dr. S.
#25

83

84 City

St. Petersburg

FL

85 Zip Code

33715

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 ☐ DELETENAME WADE, PAUL
STREET ADDRESS 610 ISLAND WAY #501
CITY-ST-ZIP CLEARWATER, FL 00000TITLE PD ☐ DELETENAME CHRISTISON, JAMES A
STREET ADDRESS 3903 LAKE ST GEORGE DR
CITY-ST-ZIP PALM HARBOR FLTITLE T ☐ DELETENAME NEGRELLI, PAMELA
STREET ADDRESS 3903 LAKE ST GEORGE DR
CITY-ST-ZIP PALM HARBOR FLTITLE D ☐ DELETENAME MORLAND, KENNETH
STREET ADDRESS 1819 DOGWOOD LN.
CITY-ST-ZIP LYNCHBURG VATITLE VD ☐ DELETENAME HOGAN, ELWOOD JR
STREET ADDRESS 613 S MYRTLE
CITY-ST-ZIP CLEARWATER, FL 00000TITLE D ☐ DELETENAME 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 M ☐ Change ☒ Addition1.2 NAME Joyce Parr
1.3 STREET ADDRESS 4750 Brittany Dr. S, #25
1.4 CITY-ST-ZIP St. Petersburg, FL 337152.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0000000

CR2E037 (9/96)