

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 11 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **741004** (6)

1. Corporation Name

**FOUNDATION FOR AGING RESEARCH, INC.**

Principal Place of Business	Mailing Address
<b>4750 BRITTANY DR. S</b>	<b>4750 BRITTANY DR. S</b>
<b>25</b>	<b>25</b>
<b>ST. PETERSBURG FL 33715</b>	<b>ST. PETERSBURG FL 33715</b>
<b>US</b>	<b>US</b>

3. Date Incorporated or Qualified

**12/12/1977**

4. FEI Number

**59-1789293**

Applied For  
Not Applicable

2. Principal Place of Business	2a. Mailing Address
<b>21</b>	<b>26</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
<b>22</b>	<b>27</b>
City & State	City & State
<b>23</b>	<b>28</b>
Zip	Zip
<b>24</b>	<b>29</b>
Country	Country
<b>25</b>	<b>30</b>

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution

☒ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CHRISTISON, JAMES A**  
**4750 BRITTANY DR. S**  
**#25**  
**ST. PETERSBURG FL 33715**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>IRMA WADE</b>	
1.3 STREET ADDRESS	<b>750 ISLAND WAY #801</b>	
1.4 CITY - ST - ZIP	<b>CLEARWATER, FL 34630</b>	
2.1 TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>CHRISTISON, JAMES</b>	
2.3 STREET ADDRESS	<b>4750 BRITTANY DR S. #25</b>	
2.4 CITY - ST - ZIP	<b>ST. PETERSBURG, FL 33715</b>	
3.1 TITLE	<b>MD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>JOYCE PARR</b>	
3.3 STREET ADDRESS	<b>13301 BRUCE B. DOWNS BLVD - MHC 7-233</b>	
3.4 CITY - ST - ZIP	<b>TAMPA, FL 33612-3899</b>	
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 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: *James A. Christison* **JAMES A. CHRISTISON** 1/31/98 813 867-9241

CP2E037 (10/97)