

FILE NO. W: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90092 041 ****66.25

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DOCUMENT # 741004

1. Corporation Name

FOUNDATION FOR AGING RESEARCH, INC.

Principal Place of Business

4750 BRITTANY DR. S
25
ST. PETERSBURG FL 33715
US

Mailing Address

4750 BRITTANY DR. S
25
ST. PETERSBURG FL 33715
US



2. Principal Place of Business

21 15350 Amberly Drive

Suite, Apt. #, etc.

22 1924

City & State

23 Tampa, FL

Zip

24 33647

Country

25 USA

2a. Mailing Address

26 15350 Amberly Drive

Suite, Apt. #, etc.

27 1924

City & State

28 Tampa, FL

Zip

29 33647

Country

30 USA

3. Date Incorporated or Qualified

12/12/1977

4. FEI Number

59-1789293

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☒\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

CHRISTISON, JAMES A

4750 BRITTANY DR. S

#25

ST. PETERSBURG FL 33715

10. Name and Address of New Registered Agent

81 Name

James A. Christison

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

15350 Amberly Drive

83

Apt 1924

84 City

Tampa

FL

85 Zip Code

33647

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

James A. Christison, President

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/25/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

S
NAME WADE, IRMA
STREET ADDRESS 750 ISLAND WAY #801
CITY-ST-ZIP CLEARWATER FL 34630

TITLE ☐ DELETE

PD
NAME CHRISTISON, JAMES A
STREET ADDRESS 4750 BRITTANY DR S #25
CITY-ST-ZIP ST PETERSBURG FL 33715

TITLE ☐ DELETE

T
NAME NEGRELLI, PAMELA
STREET ADDRESS 3903 LAKE ST GEORGE DR
CITY-ST-ZIP PALM HARBOR FL

TITLE ☐ DELETE

MD
NAME PARR, JOYCE
STREET ADDRESS 13301 BRUCE B DOWNS BLVD-MHC7-233
CITY-ST-ZIP TAMPA FL 33612-3899

TITLE ☐ DELETE

VD
NAME HOGAN, ELWOOD JR
STREET ADDRESS 613 S MYRTLE
CITY-ST-ZIP CLEARWATER, FL 00000

TITLE ☐ DELETE

D
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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 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 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, with all other like empowered.

SIGNATURE:

James A. Christison

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/99 (813) 978-8669

Date

Daytime Phone #

CR2E037 (11/98)