


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90020 046 ****61.25

DOCUMENT # 743340 1. Entity Name AREA AGENCY ON AGING FOR NORTH FLORIDA, INC.	
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Principal Place of Business 2414 MAHAN DRIVE TALLAHASSEE FL 32308-5302	Mailing Address 2414 MAHAN DRIVE TALLAHASSEE FL 32308-5302
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2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/05)

4. FEI Number 59-1844633		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WISE, JANICE D 2414 MAHAN DRIVE SUITE 145-B TALLAHASSEE FL 32308-5302		7. Name and Address of New Registered Agent Name Janice D. Wise Street Address (P.O. Box Number is Not Acceptable) 2414 Mahan Drive City Tallahassee FL 32308-5302	

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Janice D. Wise

Janice D. Wise

02/24/2006

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HUDSON, CORINE <input checked="" type="checkbox"/> Delete 782 MAIN AVE SOUTH MONTICELLO FL 32344	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Cox, Pearl <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4514 Oak Grove Road Bascom FL 32423
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PEACOCK, HOMER W <input checked="" type="checkbox"/> Delete 1592 CLARK LANE CHIPLEY FL 32428	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Feltner, Carol Ann <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2063 TriCounty Airport Road Bonifay FL 32425
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FLEMING, IDA MAE <input type="checkbox"/> Delete 2026 BAKER COURT #118 PANAMA CITY FL 32401	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED WISE, JANICE D <input type="checkbox"/> Delete 2639 N. MONROE STREET, SUITE 145-B TALLAHASSEE FL 32303	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOOK, RALPH K <input type="checkbox"/> Delete 346 RUGER COURT TALLAHASSEE FL 32312	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HARDEN, WARREN C <input checked="" type="checkbox"/> Delete PO BOX 114 SOPCHOPPY FL 32358	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Fisher, Julius 1842 West Elm Street Quincy FL 32351

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Janice D. Wise

Janice D. Wise

02/24/2006

850-488-0055