2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

May 02, 2008 8:00 am Secretary of State DOCUMENT # 743340 1. Entity Name 05-02-2008 90128 040 ****61.25 AREA AGENCY ON AGING FOR NORTH FLORIDA, INC. Principal Place of Business Mailing Address 2414 MAHAN DRIVE TALLAHASSEE FL 32308-5302 2414 MAHAN DRIVE TALLAHASSEE FL 32308-5302 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State 4. FEI Number Applied For 59-1844633 No: Applicable Ζiρ \$8.75 Additional Country. Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WISE, JANICE D Street Address (P.O. Box Number is Not Acceptable) 2414 MAHAN DRIVE TALLAHASSEE FL 32308-5302 Zip Code FL 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. Lam familiar with, and accept the obligations of registered agent SIGNATURE Signature, typed or crimed name of registered agent and hite if applicable. (NOTE: Bon stored Agent signabule required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2008 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 T:TLE SD X Delete TITLE S/D Change X Addition COX, PEARL Grammer, Eleanor 2024 Baker Court #3 HAME NAME 4514 OAK GROVE ROAD STREET ADDRESS STREET ADDRESS BASCOM FL 32423 Panama City FL 32401 CITY ST-ZIP CITY-ST-ZIP VD $\overline{P/D}$ TITLE ☐ Delate TITLE X Change ☐ Addition FELTNER, CAROL ANN MARKE MAME 2063 TRICOUNTY AIRPORT ROAD STREET ADDRESS STREET ADDRESS BONIFAY FL 32425 CITY-ST-ZIP CITY-ST-ZiP TITLE X Delete -- - -TITLE V/D -Change - Addition TIMMONS, JOYCE T NAME NAME Copeland, Heidi PO BOX 726 3354 Lakeshore Drive Tallahassee FL 32312 STREET ADDRESS STREET ADDRESS EASTPOINT FL 32328 CITY-ST-ZIP CITY-ST-ZIP FD TITLE ☐ Delete THE Change ☐ Addition WISE, JANICE D MARKE NAME 2414 MAHAN DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32308 CITY-ST-ZiP VD THLE X Delete ит г V/D X) Addition ☐ Change HOOK, RALPH K Bradley, Oliver 6266 NW Lovett Road NAME NAME 346 RUGER COURT STREET ADDRESS STREET ADDRESS TALLAHASSEE FL 32312 CITY-ST-ZIP CHY-ST-ZiP Greenville FL 32331 TILLE Delete TITLE ☐ Change ☐ Addition FISHER, JULIUS NAME NAME 1842 WEST ELM STREET

12. Thereby 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 outry 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.

STREET ADDRESS

CDY-ST-70P

SIGNATURE

QUINCY FL 32351

STREET ADDRESS

CITY-ST-ZIP

FILED