2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2011
Secretary of State

DOCUMENT# 743340

Entity Name: AREA AGENCY ON AGING FOR NORTH FLORIDA, INC.

Current Principal Place of Business:

2414 MAHAN DRIVE
TALLAHASSEE, FL 323085302 US

New Principal Place of Business:

Current Mailing Address:

2414 MAHAN DRIVE
TALLAHASSEE, FL 323085302 US

New Mailing Address:

FEI Number: 59-1844633 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WISE, JANICE D
2414 MAHAN DRIVE
TALLAHASSEE, FL 323085302 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: SD
Name: MEANS, JANICE
Address: 212 KIMBERLY LANE
City-St-Zip: MONTICELLO, FL 32344 US

Title: PD
Name: PEACOCK, HOMER
Address: 1592 CLARK LANE
City-St-Zip: CHIPLEY, FL 32428 US

Title: VD
Name: DORRIER, JANET
Address: 31-4 PARKER AVENUE
City-St-Zip: LANARK VILLAGE, FL 32323 US

Title: ED
Name: WISE, JANICE D
Address: 2414 MAHAN DRIVE
City-St-Zip: TALLAHASSEE, FL 323085302 US

Title: VD
Name: FIELDS, EDDIE
Address: 105 BATTLE STREET
City-St-Zip: PORT ST JOE, FL 32457 US

Title: TD
Name: MONCRIEF, MARC
Address: 2528-2 BARRINGTON CIRCLE
City-St-Zip: TALLAHASSEE, FL 32308 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JANICE D. WISE ED 01/28/2011

Electronic Signature of Signing Officer or Director — Date