

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750731

FILED
Apr 26, 2007
Secretary of State

Entity Name: FLORIDA ASSOCIATION OF AREA AGENCIES ON AGING, INC.

Current Principal Place of Business:

5905 BRECKENRIDGE PARKWAY
STE F
TAMPA, FL 33610

New Principal Place of Business:

Current Mailing Address:

5905 BRECKENRIDGE PARKWAY
STE F
TAMPA, FL 33610

New Mailing Address:

FEI Number: 59-2386573 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BEACH, DOUGLAS E
9800 WOODCOCK ROAD
STE 200
ORLANDO, FL 32083 US

Name and Address of New Registered Agent:

WISE, JANICE
2414 MAHAN DRIVE
TALLAHASSEE, FL 32308 US

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: JANICE WISE

04/26/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BEACH, DOUGLAS E
Address: 9800 WOODCOCK ROAD, STE 200
City-St-Zip: ORLANDO, FL 32083

Title: VD () Delete
Name: WISE, JANICE
Address: 2414 MAHAN DRIVE
City-St-Zip: TALLAHASSEE, FL 32308

Title: TD () Delete
Name: KELLY, MAUREEN
Address: 5905 BRECKENRIDGE PARKWAY, STE F
City-St-Zip: TAMPA, FL 33610

Title: SD () Delete
Name: WADE, LEIGH
Address: 2285 FIRST STREET
City-St-Zip: FORT MYERS, FL 33901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: WISE, JANICE
Address: 2414 MAHAN DRIVE
City-St-Zip: TALLAHASSEE, FL 32308

Title: VP (X) Change () Addition
Name: LEVIN, LINDA
Address: 4401 WESCONNETT BLVD
City-St-Zip: JACKSONVILLE, FL 32210

Title: TREA (X) Change () Addition
Name: KELLY, MAUREEN
Address: 5905 BRECKENRIDGE PARKWAY, STE F
City-St-Zip: TAMPA, FL 33610

Title: SEC (X) Change () Addition
Name: WADE, LEIGH
Address: 2285 FIRST STREET
City-St-Zip: FORT MYERS, FL 33901

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MAUREEN KELLY

TD

04/26/2007

Electronic Signature of Signing Officer or Director

Date