

**2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Aug 14, 2012**  
**Secretary of State**

DOCUMENT# 750731

**Entity Name:** FLORIDA ASSOCIATION OF AREA AGENCIES ON AGING, INC.**Current Principal Place of Business:**988 WOODCOCK ROAD  
SUITE 200  
ORLANDO, FL 32803**New Principal Place of Business:**4400 NORTH CONGRESS AVENUE  
WEST PALM BEACH, FL 33407**Current Mailing Address:**988 WOODCOCK ROAD  
SUITE 200  
ORLANDO, FL 32803**New Mailing Address:**4400 NORTH CONGRESS AVENUE  
WEST PALM BEACH, FL 33407**FEI Number:** 59-2386573**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**LEVIN, LINDA  
4160 WOODCOCK DRIVE, 2ND FLOOR  
JACKSONVILLE, FL 32207 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: PRES  
Name: LEVIN, LINDA  
Address: 4160 WOODCOCK DRIVE; 2ND FLOOR  
City-St-Zip: JACKSONVILLE, FL 32207

Title: VP  
Name: LONGMORE, KRISTEN  
Address: 5700 SW 34TH STREET; SUITE 222  
City-St-Zip: GAINESVILLE, FL 32608

Title: SEC  
Name: AMBER, MCCOOL  
Address: 5090 COMMERCE PARK CIRCLE  
City-St-Zip: PENSACOLA, FL 32526

Title: TREA  
Name: JAIME ESTREMER, FITZGERALD  
Address: 4400 NORTH CONGRESS AVENUE  
City-St-Zip: WEST PALM BEACH, FL 33407

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: JAIME ESTREMER-FITZGERALD

TREA

08/14/2012

Electronic Signature of Signing Officer or Director

Date