

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755079

FILED
Feb 25, 2011
Secretary of State

Entity Name: FLORIDA ALLIANCE OF INFORMATION AND REFERRAL SERVICES, INC. (FLAIRS)

Current Principal Place of Business:

AREA AGENCY ON AGING FOR N. FLORIDA
2414 MAHAN DR.- ATTN: KEITH LAVERY-BARCLAY
TALLAHASSEE, FL 32308 US

New Principal Place of Business:

Current Mailing Address:

AREA AGENCY ON AGING FOR N. FLORIDA
2414 MAHAN DR.- ATTN: KEITH LAVERY-BARCLAY
TALLAHASSEE, FL 32308 US

New Mailing Address:

FEI Number: 59-2041288

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAVERY-BARCLAY, KEITH
2414 MAHAN DRIVE
TALLAHASSEE, FL 32308 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: PD
Name: THOMPSON, MICKI
Address: 50 S. BELCHER ROAD
City-St-Zip: CLEARWATER, FL 33765

Title: VD
Name: FISHER, ANGELA
Address: 2285 FIRST STREET
City-St-Zip: FORT MYERS, FL 33901

Title: SD
Name: PENROD, CATHERINE
Address: 701 SW 27TH AVENUE, SUITE 1000
City-St-Zip: MIAMI, FL 33135

Title: TD
Name: LAVERY-BARCLAY, KEITH
Address: 2414 MAHAN DRIVE
City-St-Zip: TALLAHASSEE, FL 32308

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: MICKI THOMPSON

PD

02/25/2011

Electronic Signature of Signing Officer or Director

Date