## 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#767310** 

FILED Jan 06, 2010 Secretary of State

Entity Name: FLORIDA ADULT DAY SERVICES ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

5200 NW 43RD ST 102 PMB-310

GAINESVILLE, FL 32606 US

Current Mailing Address: New Mailing Address:

5200 NW 43RD ST #102 PMB 310

GAINESVILLE, FL 32606 US

FEI Number: 59-2283155 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RADCLIFFE, RONALD G JR

1800 SANTA BARBARA BLVD

NAPLES, FL 34116 US

WAHLSTROM, LUANNE

1800 SANTA BARBARA BLVD

NAPLES, FL 34116 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: LUANNE WAHLSTROM 01/06/2010

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: VP

Name: BROWN, TREASA Address: 4320 NW 36TH STREET

City-St-Zip: LAUDERDALE LAKES, FL 33319 US

Title: PRES

Name: O'CONNOR, GINNA Address: 694 14TH STREET

City-St-Zip: VERO BEACH, FL 32960 US

Title: SEC

 Name:
 MCKAY, MARYJO

 Address:
 P.O. BOX 1110

 City-St-Zip:
 TAMPA, FL 33601 US

Title: TRES

Name: WAHLSTROM, LUANNE MS. Address: 1800 SANTA BARBARA BLVD City-St-Zip: NAPLES, FL 34116 US

Title:

Name: RADCLIFFE, RON

Address: 800 NORTHPOINT PARKWAY, SUITE 101-B

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: LUANNE WAHLSTROM TREA 01/06/2010