

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000004096

FILED  
Mar 19, 2012  
Secretary of State

**Entity Name:** ASSOCIATES FOR GERONTOLOGICAL EDUCATION, INC.

**Current Principal Place of Business:**

408 LOMOND PLACE  
UTICA, NY 13502

**New Principal Place of Business:**

1211 GULF OF MEXICO DR  
APT 507  
LONGBOAT KEY, FL 34228

**Current Mailing Address:**

408 LOMOND PLACE  
UTICA, NY 13502

**New Mailing Address:**

1211 GULF OF MEXICO DR  
APT 507  
LONGBOAT KEY, FL 34228

**FEI Number:** 16-1211078

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NATIONAL CORPORATE RESEARCH, LTD., INC.  
155 OFFICE PLAZA DRIVE  
TALLAHASSEE, FL 32301 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: PS  
Name: LUCCHINO, RONALD  
Address: 1211 GULF OF MEXICO DR APT 507  
City-St-Zip: LONGBOAT KEY, FL 34228

Title: SEC  
Name: LUCCHINO, BONITA  
Address: 1211 GULF OF MEXICO DR - APT 507  
City-St-Zip: LONGBOAT KEY, FL 34228

Title: VP  
Name: PETE, DANIELLE  
Address: 7239 BOXWOOD NE  
City-St-Zip: ALBUQUERQUE, NM 87113

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: RONALD LUCCHINO

PRES

03/19/2012

Electronic Signature of Signing Officer or Director

Date