

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002737

FILED  
May 01, 2009  
Secretary of State

Entity Name: AREA AGENCY ON AGING OF PASCO-PINELLAS, INC.

**Current Principal Place of Business:**

9887 4TH STREET NORTH  
SUITE 100  
ST PETERSBURG, FL 33702

**New Principal Place of Business:**

**Current Mailing Address:**

9887 4TH STREET NORTH  
SUITE 100  
ST PETERSBURG, FL 33702

**New Mailing Address:**

FEI Number: 31-1710636      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

FLYNN, COLLEEN M ESQ  
911 CHESTNUT STREET  
RUPPEL & BURNS, LLP  
CLEARWATER, FL 33756 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 ( ) Delete  
Name: DENNIS, WILLIAM  
Address: 13751 10TH STREET  
City-St-Zip: DADE CITY, FL 33525 US

Title: VD ( ) Delete  
Name: PHILLIPS, JOHN  
Address: 2401 53RD STREET NORTH  
City-St-Zip: GULFPORT, FL 33707 US

Title: SD ( ) Delete  
Name: HOPPE, JANET  
Address: 19400 GULF BLVD APT B  
City-St-Zip: INDIAN SHORES, FL 33785 US

Title: TD ( ) Delete  
Name: SHEEN-TODD, BARBARA  
Address: 6107 100 WAY NORTH  
City-St-Zip: SAINT PETERSBURG, FL 33708 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: PARKS, SALLIE  
Address: 1328 MICHIGAN AVE.  
City-St-Zip: PALM HARBOR, FL 34683 US

Title: VD (X) Change ( ) Addition  
Name: MANNY, EDWARD  
Address: 201 SHORE DRIVE EAST  
City-St-Zip: OLDSMAR, FL 34677 US

Title: SD (X) Change ( ) Addition  
Name: ROWELL, VIRGINIA  
Address: 626 14TH AVE. NE  
City-St-Zip: ST. PETERSBURG, FL 33701 US

Title: TR (X) Change ( ) Addition  
Name: HERNANDEZ, CAMILLE  
Address: 38020 MERIDIAN AVE.  
City-St-Zip: DADE CITY, FL 33525 US

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: KATHERINE GUY

CFO

05/01/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date