2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 04, 2008
Secretary of State

DOCUMENT# N01000000230

Entity Name: GERONTOLOGY ASSOCIATES, INC.

Current Principal Place of Business:

2510 MICCOSUKEE ROAD
109
TALLAHASSEE, FL 32308

New Principal Place of Business:

2061 DELLWOOD DRIVE
TALLAHASSEE, FL 32303

Current Mailing Address:

PO BOX 3006
TALLAHASSEE, FL 32315

New Mailing Address:

FEI Number: 59-3695591 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
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:

NELSON, TONI
2061 DELLWOOD DR.
TALLAHASSEE, FL 32303 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: D ( ) Delete
Name: NELSON, TONI
Address: 2061 DELLWOOD DRIVE
City-St-Zip: TALLAHASSEE, FL 32303

Title: DT (X) Delete
Name: DESLOGE, BRYAN
Address: 2510 MICCOSUKEE ROAD
City-St-Zip: TALLAHASSEE, FL 32308

Title: DS (X) Delete
Name: WISE, JANICE
Address: 2414 MAHAN DRIVE
City-St-Zip: TALLAHASSEE, FL 32308

Title: DP (X) Delete
Name: FOREHAND, WALTER
Address: 125 S. GADSDEN ST
City-St-Zip: TALLAHASSEE, FL 32301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: TONI NELSON D 09/04/2008

Electronic Signature of Signing Officer or Director Date