2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Nov 12, 2004
Secretary of State

DOCUMENT# N03000011098

Entity Name: HILLSBOROUGH COUNTY AREA AGENCY ON AGING, INC.

Current Principal Place of Business:

5911 BRECKENRIDGE PKWY
STE B
TAMPA, FL 336104240

New Principal Place of Business:

5905 BRECKENRIDGE PKWY
STE F
TAMPA, FL 336104240

Current Mailing Address:

5911 BRECKENRIDGE PKWY
STE B
TAMPA, FL 336104240

New Mailing Address:

5905 BRECKENRIDGE PKWY
STE F
TAMPA, FL 336104240

FEI Number: **FEI Number Applied For (X)** **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:

BAKAS, JOHN W JR
201 E KENNEDY BLVD
STE 400
TAMPA, FL 336025896 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: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: EX D ( ) Change (X) Addition
Name: KELLY, MAUREEN
Address: 5905 BRECKENRIDGE PARKWAY, STE F
City-St-Zip: TAMPA, FL 336104240

Title: DIR ( ) Change (X) Addition
Name: SCHUYLER, GLORIA
Address: 5905 BRECKENRIDGE PARKWAY
City-St-Zip: TAMPA, FL 336104240

Title: DIR ( ) Change (X) Addition
Name: MCHENRY, CHARLOTTE
Address: 5905 BRECKENRIDGE PARKWAY
City-St-Zip: TAMPA, FL 336104240

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MAUREEN KELLY EX D 11/12/2004
Electronic Signature of Signing Officer or Director — Date