

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010396

FILED
Apr 30, 2008
Secretary of State

Entity Name: FAMILY AND FRIENDS OF THE AGING, INC.

Current Principal Place of Business:

1613 RICARDO AVE
FT MYERS, FL 33901

New Principal Place of Business:

Current Mailing Address:

1613 RICARDO AVE
FT MYERS, FL 33901

New Mailing Address:

FEI Number: 20-3629171

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORRISON, LUANNE K
1613 RICARDO AVE
FT MYERS, FL 33901 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: MORRISON, LUANNE K
Address: 1613 RICARDO AVE
City-St-Zip: FT MYERS, FL 33901

Title: D () Delete
Name: MORRISON, LARRY J
Address: 1613 RICARDO AVE
City-St-Zip: FT MYERS, FL 33901

Title: D () Delete
Name: ARCHER, ALENE L
Address: 20320 BEECHWOOD TERR #302
City-St-Zip: ASHBURN, VA 20147

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:

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: LUANNE K. MORRISON

D

04/30/2008

Electronic Signature of Signing Officer or Director

Date