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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Suzanna B. Northman
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N06443** (8)

1. Corporation Name
OLDER ADULT SERVICES, INC.

Principal Place of Business Mailing Address
ONE TAMPA CITY CENTER, #2848 TAMPA FL 33602

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/03/1984** 3a. Date of Last Report **06/30/1994**

4. FEI Number **59-2482914** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt #, etc 26 Suite, Apt #, etc
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

5. Certificate of Status Desired **KX** \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **KX** \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**BAKAS, JOHN W.
MCWHIRTER, GRANDOFF & REEVES
201 E KENNEDY BLVD, #800
TAMPA FL 33602**

10. Name and Address of New Registered Agent
81 Name **Patrick, Stacy Y.**
82 Street Address (P.O. Box Number is Not Acceptable) **Aidman, Piser & Company**
83 **101 Kennedy E. Blvd. #1960**
84 City **Tampa, FL** 85 Zip Code **33602**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0509, Florida Statutes.

SIGNATURE *Stacy Y. Patrick* **Stacy Y. Patrick** 4-28-95

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	DAVIDSON, LEAH
STREET ADDRESS	P O BOX 320001 NA TAMPA FL
CITY ST ZIP	TAMPA FL
TITLE	D
NAME	SENK, PAM
STREET ADDRESS	7307 NOVA CIR TAMPA FL
CITY ST ZIP	TAMPA FL
TITLE	ED
NAME	HANNA, TERESA
STREET ADDRESS	1 TAMPA CITY CTR #2848 TAMPA FL
CITY ST ZIP	TAMPA FL
TITLE	D
NAME	TUTTLE, MARY LOU
STREET ADDRESS	911 S. OREGON TAMPA FL
CITY ST ZIP	TAMPA FL
TITLE	DT
NAME	PATRICK, STACY
STREET ADDRESS	101 E KENNEDY #1960 TAMPA FL
CITY ST ZIP	TAMPA FL
TITLE	D
NAME	RICHEY, LARRY
STREET ADDRESS	1 TAMPA CITY CTR #1960 TAMPA FL
CITY ST ZIP	TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Davidson, Leah
13 STREET ADDRESS	P.O. Box 320001 NA Tampa, FL 33679-2001
14 CITY ST ZIP	Tampa, FL 33679-2001
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	Englund, Gary
43 STREET ADDRESS	14925 Lake Forest Drive Lutz, FL 33549
44 CITY ST ZIP	Lutz, FL 33549
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: *Teresa Hanna* **Teresa Hanna** 4-24-95

813-248-5200