

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N06443** (8)

1. Corporation Name
OLDER ADULT SERVICES, INC.



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

3. Date Incorporated or Qualified: **12/03/1984**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-2482914**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent
**PATRICK, STACY Y
AIDMAN, PISER & COMPANY
101 KENNEDY E. BLVD., STE 1960
TAMPA FL 33602**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE
NAME	DAVIDSON, LEAH	1.2 NAME
STREET ADDRESS	P O BOX 320001 NA	1.3 STREET ADDRESS
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE
NAME	SENK, PAM	2.2 NAME
STREET ADDRESS	7307 NOVA CIR	2.3 STREET ADDRESS
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP
TITLE	ED <input type="checkbox"/> DELETE	3.1 TITLE
NAME	HANNA, TERESA	3.2 NAME
STREET ADDRESS	1 TAMPA CITY CTR #2848	3.3 STREET ADDRESS
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE
NAME	TUTTLE, MARY LOU	4.2 NAME
STREET ADDRESS	911 S. OREGON	4.3 STREET ADDRESS
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP
TITLE	DT <input type="checkbox"/> DELETE	5.1 TITLE
NAME	PATRICK, STACY	5.2 NAME
STREET ADDRESS	101 E KENNEDY #1960	5.3 STREET ADDRESS
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE
NAME	RICHEY, LARRY	6.2 NAME
STREET ADDRESS	1 TAMPA CITY CTR #1960	6.3 STREET ADDRESS
CITY-ST-ZIP	TAMPA FL	6.4 CITY-ST-ZIP

1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Stolz, Ralph
1.3 STREET ADDRESS	8773 Ashworth Drive
1.4 CITY-ST-ZIP	Tampa, FL 33647
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Nancy Peterson
4.3 STREET ADDRESS	2402 S. Ardson Place
4.4 CITY-ST-ZIP	Tampa, FL 33629
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(k), 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 if changed, or on an attachment with an address.

SIGNATURE: *Teresa L. Hanna* **TERESA L. HANNA** 4/25/96 (813) 248-5200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)