

FILE NOW: FILING FEE IS \$61.25

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May 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 ONE TAMPA CITY CENTER. #2848
TAMPA FL 33602 TAMPA FL 33602-5816

3. Date Incorporated or Qualified 12/03/1984 3a. Date of Last Report 05/01/1996
4. FEI Number 59-2482914 Applied For Not Applicable
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 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 25 Country 29 Zip 30 Country

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 Patrick, Stacy Y
82 Street Address (P.O. Box Number is Not Acceptable) 401 E JACKSON STREET
83 SUITE 2400
84 City TAMPA FL 85 Zip Code 33602

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	1.1 TITLE	BD
NAME	STOLZ, RALPH	1.2 NAME	MARI Lynn Smith
STREET ADDRESS	8773 ASHWORTH DRIVE	1.3 STREET ADDRESS	1 TAMPA CITY CENTER # 2848
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	TAMPA, FL 33602
TITLE	D	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	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	4.1 TITLE	
NAME	PETERSON, NANCY	4.2 NAME	
STREET ADDRESS	2402 S. ARDSON PLACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	
TITLE	DT	5.1 TITLE	DT
NAME	PATRICK, STACY	5.2 NAME	STACY Y PATRICK
STREET ADDRESS	101 E KENNEDY #1960	5.3 STREET ADDRESS	401 E Jackson St. Suite 3400
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	Tampa, FL 33602
TITLE	D	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	

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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CR2E037 (9/96)