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Aug 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N06443** (8)

1. Corporation Name

OLDER ADULT SERVICES, INC.

Principal Place of Business

Mailing Address

**ONE TAMPA CITY CENTER, #2848
TAMPA FL 33602**

**ONE TAMPA CITY CENTER, #2848
TAMPA FL 33602**



3. Date Incorporated or Qualified

12/03/1984

4. FEI Number

59-2482914

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PATRICK, STACY Y
401 E. JACKSON STREET
STE. 3400
TAMPA FL 33602**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Stacy Y. Patrick, Treasurer

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

7/29/98

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	STOLZ, RALPH	
STREET ADDRESS	8773 ASHWORTH DRIVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SENK, PAM	
STREET ADDRESS	7307 NOVA CIR	
CITY-ST-ZIP	TAMPA FL	
TITLE	ED	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, MARY L	
STREET ADDRESS	1 TAMPA CITY CENTER, #2848	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PETERSON, NANCY	
STREET ADDRESS	2402 S. ARDSON PLACE	
CITY-ST-ZIP	TAMPA FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	PATRICK, STACY	
STREET ADDRESS	401 E. JACKSON ST., STE 3800	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RICHEY, LARRY	
STREET ADDRESS	1 TAMPA CITY CTR #1980	
CITY-ST-ZIP	TAMPA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12/

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	KLINGMAN, PETER	
1.3 STREET ADDRESS	201 N. FRANKLIN STREET	
1.4 CITY-ST-ZIP	TAMPA, FL 33602	
2.1 TITLE	DR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Moss, KENT	
2.3 STREET ADDRESS	P.O. Box 15407	
2.4 CITY-ST-ZIP	TAMPA, FL 33684	N/A
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	401 E JACKSON ST STE 3400	
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 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.

SIGNATURE:

Stacy Y. Patrick

CR2E037 (10/97)