

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000011365

FILED  
Jan 11, 2010  
Secretary of State

Entity Name: FRIENDS OF ELDERSOURCE, INC.

**Current Principal Place of Business:**

4160 WOODCOCK DRIVE  
JACKSONVILLE, FL 32207

**New Principal Place of Business:**

4160 WOODCOCK DRIVE  
200  
JACKSONVILLE, FL 32207

**Current Mailing Address:**

4160 WOODCOCK DRIVE  
JACKSONVILLE, FL 32207

**New Mailing Address:**

4160 WOODCOCK DRIVE  
200  
JACKSONVILLE, FL 32207

FEI Number: 27-1455873

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

PROM, STEPHEN G ESQ  
AKERMAN SENTERFITT  
50 NORTH LAURA STREET SUITE 2500  
JACKSONVILLE, FL 32202 US

**Name and Address of New Registered Agent:**

LEVIN, LINDA J ED  
4160 WOODCOCK DRIVE  
200  
JACKSONVILLE, FL 32207 US

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: LINDA J. LEVIN, MSG, ED

01/11/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: GREXA, JOHN  
Address: 548 DOMENICO CIRCLE  
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: V  
Name: BEAN, AARON  
Address: 305 BONNIEVIEW ROAD  
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: T  
Name: ROSSI, MAUREEN  
Address: 104 HIDDEN COVE LANE  
City-St-Zip: PONTE VEDRA, FL 32082

Title: D  
Name: GAY, REBECCA  
Address: 8245 HIDDEN LAKE DRIVE N  
City-St-Zip: JACKSONVILLE, FL 32216

Title: D  
Name: MEUX, JOSEPH C SR. REV  
Address: 12988 MANDARIN ROAD  
City-St-Zip: JACKSONVILLE, FL 322231752

Title: D  
Name: CROZIER, JANET  
Address: 2770 GREEN BAY LANE  
City-St-Zip: JACKSONVILLE, FL 32207

I hereby 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 all other like empowered.

SIGNATURE: LINDA J. LEVIN, MSG

ED

01/11/2010

Electronic Signature of Signing Officer or Director

Date