


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90045 038 ****61.25

DOCUMENT # N15153 1. Entity Name ANNIE W. JOHNSON SENIOR SERVICE CENTER, INCORPORATED					
Principal Place of Business 1991 TEST ST. P.O. BOX 1951 DUNNELLON, FL 34433			Mailing Address 1991 TEST ST. P.O. BOX 1951 DUNNELLON, FL 34433		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2757655	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MILLS, LYDIA 1655 W. ST. ELIZABETH PL CITRUS SPRINGS, FL 34434				7. Name and Address of New Registered Agent Name Laura C. Watson Street Address (P.O. Box Number is Not Acceptable) 300 S. Inglis Ave. City Inglis FL Zip Code 34449	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Laura C. Watson</u> <u>Laura C. Watson</u> <u>Executive Director</u> <u>2/16/2007</u> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE)</small>					
Filing Fee Is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE D NAME MARTINEZ, AL STREET ADDRESS P.O. BOX 328 CITY-ST-ZIP DUNNELLON, FL 34430	<input type="checkbox"/> Delete		TITLE Edm NAME Laura C. Watson STREET ADDRESS 300 S. Inglis Ave. CITY-ST-ZIP Inglis, FL 34449	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE T NAME MCKINNON, BARBARA STREET ADDRESS 7881 N SARAZEN DR CITY-ST-ZIP CITRUS SPRINGS, FL 34434	<input type="checkbox"/> Delete		TITLE VC NAME Jim Alsobrook STREET ADDRESS 4925 SE 44th Circle CITY-ST-ZIP Ocala, FL 34480	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME KEELE, JANE STREET ADDRESS 20160 RIVER DR CITY-ST-ZIP DUNNELLON, FL	<input type="checkbox"/> Delete		TITLE S NAME Ann Halletky STREET ADDRESS P.O. Box 12830 CITY-ST-ZIP Dunnellon, FL 34430	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE EDM NAME MILLS, LYDIA STREET ADDRESS 1655 WEST SAINT ELIZABETH STREET CITY-ST-ZIP DUNNELLON, FL 34434	<input checked="" type="checkbox"/> Delete		TITLE D NAME Carmen Kusiak STREET ADDRESS 5300 SW 176th Ave. CITY-ST-ZIP Dunnellon, FL 34432	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE C NAME MCLEOD, CECIL STREET ADDRESS 3467 BREEZY POINT DR CITY-ST-ZIP DUNNELLON, FL 34431	<input type="checkbox"/> Delete		TITLE B NAME Becky Spurlock STREET ADDRESS P.O. Box 17A1 CITY-ST-ZIP Dunnellon, FL 34430	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VC NAME CARRILLO, SALLY A STREET ADDRESS 21213 PALATKA DR CITY-ST-ZIP DUNNELLON, FL 34431	<input checked="" type="checkbox"/> Delete		TITLE D NAME Lori Frazee STREET ADDRESS 22210 W. Neptune Blvd CITY-ST-ZIP Dunnellon, FL 34431	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Laura C. Watson</u> <u>Laura C. Watson</u> <u>Exec. Dir.</u> <u>2/16/2007</u> <u>(352) 489-8021</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

ATTACHMENT
ATTACHMENT 40021187
#N15153

Annie W. Johnson Senior Service Center, Inc.
Board of Directors continued

Christine Avina
21242 Southwest Raintree Street
Dunnellon, Florida 34432