

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2008 8:00 am
Secretary of State

02-20-2008 90004 019 ****70.00

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		4. FEI Number 59-2757655	
Zip		Country		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WATSON, LAURA C 300 S. INGLIS AVE. INGLIS, FL 34449			Name <u>Ann Haletky</u> Street Address (P.O. Box Number is Not Acceptable) <u>20940 34 98 Lane Rd</u> City <u>Dunnellon</u> <u>FL</u> Zip Code <u>34433</u>		
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>Ann Haletky</u> <u>Ann Haletky</u> <u>Exe Dir</u> <u>2-19-08</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, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	D MARTINEZ, AL P.O. BOX 328 DUNNELLON, FL 34430	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXD Ann Haletky PO Box 1283 Dunnellon FL 34430	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCKINNON, BARBARA 7881 N SARAZEN DR CITRUS SPRINGS, FL 34434	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	J Bergeron Joyce Ave 9165 SW 215 Ave Dunnellon FL 34431	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEELE, JANE 20160 RIVER DR DUNNELLON, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC Alisobrook Timm Cir 4935 SE 44th Cir Ocala FL 34480	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KUSIAK, CARMEN 5300 SW 176TH AVE. DUNNELLON, FL 34432	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MCLEOD, CECIL 3467 BREEZY POINT DR DUNNELLON, FL 34431	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRAZEE, LORI 22210 W. NEPTUNE BLVD. DUNNELLON, FL 34431	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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>Ann Haletky</u> <u>Ann Haletky</u> <u>Ex Dir</u> <u>2-19-08</u> <u>352-4898021</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					