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TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N28567** **(8)**

1. Corporate Name

AREA AGENCY ON AGING OF PALM BEACH/TREASURE COAST, INC.

Principal Place of Business	Mailing Address
8895 N MILITARY TRL STE 201C PALM BEACH GARDENS FL 33410	8895 N MILITARY TRL STE 201C PALM BEACH GARDENS FL 33410

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/27/1988
3a. Date of Last Report: 03/02/1994
4. FEI Number: 65-0087858 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

9. Name and Address of Current Registered Agent

WATT, JAMES L.
1200 NORTHBRIDGE CENTRE 1
515 NORTH FLAGLER DRIVE
W. PALM BEACH FL 33401-1307

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE (Signature of New Registered Agent, if changed / Signature of Former Registered Agent, if not changed) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	SMITH, ANNE SWEENEY	12 NAME	VAN CUREN, GENE L.	
STREET ADDRESS	4272 MAGNOLIA ST	13 STREET ADDRESS	1399 NW LAKESIDE TRAIL	
CITY ST ZIP	PALM BEACH GARDENS FL	14 CITY ST ZIP	STUART FL 34994	
TITLE	VD	21 TITLE		☒ Change ☐ Addition
NAME	VAN CUREN, GENE L.	22 NAME	NONE	
STREET ADDRESS	1399 NW LAKESIDE TRAIL	23 STREET ADDRESS	(position not filled)	
CITY ST ZIP	STUART FL	24 CITY ST ZIP		
TITLE	TD	31 TITLE		☐ Change ☐ Addition
NAME	DAY, MARY E.	32 NAME		
STREET ADDRESS	14226 LEEWARD WAY, STE. 1000	33 STREET ADDRESS		
CITY ST ZIP	PALM BEACH GARDENS FL	34 CITY ST ZIP		
TITLE	VD	41 TITLE		☐ Change ☐ Addition
NAME	GACKENHEIMER, E. DREW	42 NAME		
STREET ADDRESS	4847 GLADSTONE DRIVE	43 STREET ADDRESS		
CITY ST ZIP	WEST PALM BEACH FL	44 CITY ST ZIP		
TITLE	SD	51 TITLE		☐ Change ☐ Addition
NAME	SYFRETT, FRANCES G.	52 NAME		
STREET ADDRESS	PO BOX 1287 N/A	53 STREET ADDRESS		
CITY ST ZIP	OKEECHOBEE FL	54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Mary E Day **MARY E. DAY** 4/28/95 (407)694-7601
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Daytime Phone #)

0048423