

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36530

FILED  
Jan 06, 2005  
Secretary of State

Entity Name: CENTER FOR GERONTOLOGY, INC.

**Current Principal Place of Business:**

2110 NE 30TH ST  
FORT LAUDERDALE, FL 33306

**New Principal Place of Business:**

1001 WEST CYPRESS CREEK BLVD., #320K  
FORT LAUDERDALE, FL 33309

**Current Mailing Address:**

P.O. BOX 24384  
FORT LAUDERDALE, FL 33307 US

**New Mailing Address:**

FEI Number: 65-0191347      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

STRANG, SAMUEL B III  
2110 N.E. 30TH STREET  
FT. LAUDERDALE, FL 33306 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: STRANG, SAMUEL B., I, II  
Address: 2110 NE 30TH ST  
City-St-Zip: FT. LAUDERDALE, FL 33306

Title: D ( ) Delete  
Name: ROBERT MCKINLAY,  
Address: 11300 NE 2ND AVE  
City-St-Zip: FT. LAUDERDALE, FL 33161

Title: D ( ) Delete  
Name: BOWERS, CATHY F  
Address: PO BOX 24384  
City-St-Zip: FT, LAUDERDALE, FL 33307

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: STRANG, SAMUEL III  
Address: 2110 NE 30TH ST  
City-St-Zip: FT. LAUDERDALE, FL 33306

Title: D (X) Change ( ) Addition  
Name: DULBERG, PHYLLIS MSW  
Address: P.O. BOX 24384  
City-St-Zip: FT. LAUDERDALE, FL 33307

Title: D (X) Change ( ) Addition  
Name: BROWN, KAREN F  
Address: 1001 WEST CYPRESS CREEK BLVD., #320K  
City-St-Zip: FT, LAUDERDALE, FL 33309

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SAMUEL B. STRANG, III

D

01/06/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date