


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 19, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N39635</b> 1. Entity Name <b>THE FLORIDA FOUNDATION ON ACTIVE AGING, INC.</b>	
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Principal Place of Business <b>C/O MARGARET LYNN DUGGAR 1018 THOMASVILLE RD. #110 TALLAHASSEE, FL 32303-6237</b>	Mailing Address <b>C/O MARGARET LYNN DUGGAR 1018 THOMASVILLE RD. #110 TALLAHASSEE, FL 32303-6237</b>
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  
  
**DUGGAR, MARGARET LYNN  
1018 THOMASVILLE RD.  
SUITE 110  
TALLAHASSEE, FL 32303**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GRONER, PAT 2200 BANQUO'S TRAIL PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MALCHON, JEANNE 2400 PINELLAS POINT DR ST. PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DUGGAR, MARGARET LYNN 1018 THOMASVILLE RD S110 TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U000000032910  
03/19/04-80028-001 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Margaret Lynn Duggar 3-17-04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # 850-222-6080