# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 23, 2006 08:00 AM**
**Secretary of State**

DOCUMENT # N39635

1. Entity Name
THE FLORIDA FOUNDATION ON ACTIVE AGING, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| C/O MARGARET LYNN DUGGAR<br>1018 THOMASVILLE RD. #110<br>TALLAHASSEE, FL 32303-6237 | C/O MARGARET LYNN DUGGAR<br>1018 THOMASVILLE RD. #110<br>TALLAHASSEE, FL 32303-6237 |

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01122006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-3042968
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DUGGAR, MARGARET LYNN
1018 THOMASVILLE RD.
SUITE 110
TALLAHASSEE, FL 32303

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

**Filing Fee is $61.25**
**Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000478303
04/07/06-80026-013 61.25

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | D |
| NAME | GRONER, PAT |
| STREET ADDRESS | 2200 BANQUO'S TRAIL |
| CITY-ST-ZIP | PENSACOLA, FL |
| TITLE | D |
| NAME | MALCHON, JEANNE |
| STREET ADDRESS | 2400 PINELLAS POINT DR |
| CITY-ST-ZIP | ST. PETERSBURG, FL |
| TITLE | D |
| NAME | DUGGAR, MARGARET LYNN |
| STREET ADDRESS | 1018 THOMASVILLE RD S110 |
| CITY-ST-ZIP | TALLAHASSEE, FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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: M L Duggar M L Duggar 3/11/06 850-222-4664
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #