

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 03, 2007 08:00 AM
Secretary of State

DOCUMENT # N39635
1. Entity Name
THE FLORIDA FOUNDATION ON ACTIVE AGING, INC.



Principal Place of Business C/O MARGARET LYNN DUGGAR 1018 THOMASVILLE RD. #110 TALLAHASSEE, FL 32303-6237	Mailing Address C/O MARGARET LYNN DUGGAR 1018 THOMASVILLE RD. #110 TALLAHASSEE, FL 32303-6237
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03222007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3042968	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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, 2007**

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

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	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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000000688333
04/10/07-80077-005 61.25

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: *Margaret Lynn Duggar* 3/30/07 850-222-0080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Margaret L. Duggar