

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



03222007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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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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

**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	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	

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IN THIS SPACE**

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/07

Date

850-222-0080

Daytime Phone #

Margaret L. Duggar