

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39635

FILED  
Apr 08, 2009  
Secretary of State

**Entity Name:** THE FLORIDA FOUNDATION ON ACTIVE AGING, INC.

**Current Principal Place of Business:**

C/O MARGARET LYNN DUGGAR  
1018 THOMASVILLE RD. #110  
TALLAHASSEE, FL 323036237

**New Principal Place of Business:**

**Current Mailing Address:**

C/O MARGARET LYNN DUGGAR  
1018 THOMASVILLE RD. #110  
TALLAHASSEE, FL 323036237

**New Mailing Address:**

**FEI Number:** 59-3042968

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DUGGAR, MARGARET LYNN  
1018 THOMASVILLE RD.  
SUITE 110  
TALLAHASSEE, FL 32303 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: GRONER, PAT  
Address: 2200 BANQUO'S TRAIL  
City-St-Zip: PENSACOLA, FL

Title: D ( ) Delete  
Name: MALCHON, JEANNE  
Address: 2400 PINELLAS POINT DR  
City-St-Zip: ST. PETERSBURG, FL

Title: D ( ) Delete  
Name: DUGGAR, MARGARET LYNN  
Address: 1018 THOMASVILLE RD S110  
City-St-Zip: TALLAHASSEE, FL

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MARGARET LYNN DUGGAR

D

04/08/2009

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

\_\_\_\_\_  
Date