

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90124 038 ****70.00

DOCUMENT # N40545

1. Corporation Name

FLORIDA AGING PROGRAMS, INC.

Principal Place of Business

RT 2, BOX 945
HIGH SPRINGS FL 32643

Mailing Address

P. O. BOX 142170
GAINESVILLE FL 32614-2170
US



2. Principal Place of Business

21 P.O. Box 142170

Suite, Apt. #, etc.

22 Gainesville, Florida

23 City & State

24 Zip 32614-2170 25 Country US

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 City & State

29 Zip 30 Country US

3. Date Incorporated or Qualified

10/23/1990

4. FEI Number

59-3036441

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing



\$5.00 May Be
Added to Fees

Trust Fund Contribution

9. Name and Address of Current Registered Agent

WHITLEY, WILLIAM E.
RT 2, BOX 945
HIGH SPRINGS, 32643

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME WHITLEY, WILLIAM E.
STREET ADDRESS RT 2 BOX 945 N/A
CITY-ST-ZIP HIGH SPRINGS FL

TITLE D ☐ DELETE

NAME LAFRENTZ, DEAN
STREET ADDRESS 2908 NW 10 PLACE
CITY-ST-ZIP GAINESVILLE FL

TITLE D ☐ DELETE

NAME MILLER, CHARLES
STREET ADDRESS P.O. BOX 1669 N/A
CITY-ST-ZIP LAKE CITY FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-15-99 904/755-6243

CR2E037 (1/98)