

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2005 08:00 AM
Secretary of State

DOCUMENT # N40545

1. Entity Name
FLORIDA AGING PROGRAMS, INC.



Principal Place of Business
**P O BOX 142170
GAINESVILLE, FL 32614-2170**

Mailing Address
**P. O. BOX 142170
GAINESVILLE, FL 32614-2170 US**



02022005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3036441

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WHITLEY, WILLIAM E.
STREET ADDRESS	RT 2 BOX 945 N/A
CITY - ST - ZIP	HIGH SPRINGS, FL
TITLE	D
NAME	LAFRENTZ, DEAN
STREET ADDRESS	2908 NW 10 PLACE
CITY - ST - ZIP	GAINESVILLE, FL
TITLE	D
NAME	MILLER, CHARLES
STREET ADDRESS	P.O. BOX 1669 N/A
CITY - ST - ZIP	LAKE CITY, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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03/07/05-80033-016 70.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: William E. Whitley March 2, 2005 386-755-6743

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #