

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90107 016 ****70.00

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

DO NOT WRITE IN THIS SPACE



02172006 No Chg-NP CR2E037 (11/05)

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

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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, 2006**

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

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: William E. Whitley **William E. Whitley** **February 20, 2006** **386-755-6743**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FLORIDA AGING PROGRAMS INC. P.O. BOX 32170 GAINESVILLE, FL 32603-2170		DATE February 20, 2006
PAY TO THE ORDER OF: Florida Department of State		\$ 205.00
Seventy and no/100		DOLLARS
SUNTRUST SunTrust Bank, National Association 200 West 10th Street Gainesville, FL 32601		
FOR 2006 Corporate Annual Report		

Attachment
 40023511
 #N40545