2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N40545

FLORIDA AGING PROGRAMS, INC.



Principal Place of Business

P 0 B0X 142170

GAINESVILLE, FL 32614-2170

HIGH SPRINGS,, FL 32643

Mailing Address

P. O. BOX 142170

GAINESVILLE, FL 32614-2170 US

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

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



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

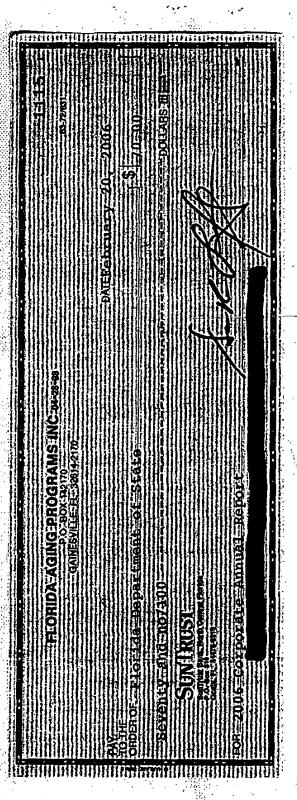
WHITLEY, WILLIAM E. RT 2, BOX 945

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

SIGNATURE.				required when reinstating)	DATE	
	Filing Fee is \$61.25 Due by May 1, 2006	Election Campaign Financ Trust Fund Contribution.	ing 🔲	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIR	ECTORS				•
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITLEY, WILLIAM E. RT 2 BOX 945 N/A HIGH SPRINGS, FL	·				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAFRENTZ, DEAN 2908 NW 10 PLACE GAINESVILLE, FL	,	•			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, CHARLES P.O. BOX 1669 N/A LAKE CITY, FL	-	* made 4/1#	DO	NOT WRITE	, June 20 ()
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE	
NAME STREET ADDRESS CITY-ST-ZIP			·			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				e e e e e e e e e e e e e e e e e e e		4. . (-

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.



Attachment 40023511 4-N40545