# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 25, 2005**
**Secretary of State**

DOCUMENT# N50988

**Entity Name:** AREA AGENCY ON AGING OF CENTRAL FLORIDA, INC.

**Current Principal Place of Business:**

988 WOODCOCK RD
STE 200
ORLANDO, FL 32803 US

**New Principal Place of Business:**

**Current Mailing Address:**

988 WOODCOCK RD
STE 200
ORLANDO, FL 32803 US

**New Mailing Address:**

**FEI Number: 59-3144723** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

SUTTON, GERALD S MR.
310 SALVADOR SQUARE
WINTER PARK, FL 32789 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: | P | ( ) Delete |
| Name: | KLETTNER, ROBERT C | |
| Address: | 360 E HORATIO AVE | |
| City-St-Zip: | MAITLAND, FL 32751 | |
| Title: | V | ( ) Delete |
| Name: | HALIKMAN, FARLEN | |
| Address: | 1201 S ORLANDO AVE | |
| City-St-Zip: | WINTER PARK, FL 32789 | |
| Title: | S | ( ) Delete |
| Name: | ROSSELL, RICHARD | |
| Address: | 4291 WOODHALL CIRCLE | |
| City-St-Zip: | VIERA, FL 32955 | |
| Title: | T | ( ) Delete |
| Name: | WANDEL, KATHY | |
| Address: | 1410 RIVIERA DR | |
| City-St-Zip: | KISSIMMEE, FL 34744 | |
| Title: | D | ( ) Delete |
| Name: | IVERY, EMERY | |
| Address: | 1940 TRAYLOR BLVD | |
| City-St-Zip: | ORLANDO, FL 32804 | |
| Title: | D | ( ) Delete |
| Name: | CRAWFORD, BRIAN | |
| Address: | 207 E PARK DR | |
| City-St-Zip: | CELEBRATION, FL 34747 | |

**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: | | |
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | D | (X) Change ( ) Addition |
| Name: | EVANS, WAYNE | |
| Address: | 507 MABBETTE ST | |
| City-St-Zip: | KISSIMMEE, FL 34741 | |

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ROBERT C. KLETTNER P 04/25/2005

Electronic Signature of Signing Officer or Director — Date