

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50988

FILED
Apr 26, 2007
Secretary of State

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: HALIKMAN, FARLEN
Address: 1201 S ORLANDO AVE
City-St-Zip: WINTER PARK, FL 32789

Title: V () Delete
Name: WANDEL, KATHY
Address: 1410 RIVIERA DR
City-St-Zip: KISSIMMEE, FL 34744

Title: S () Delete
Name: ROSSELL, RICHARD
Address: 4291 WOODHALL CIRCLE
City-St-Zip: VIERA, FL 32955

Title: T () Delete
Name: WITSELL, TYRA
Address: 2002A E MICHIGAN ST
City-St-Zip: ORLANDO, FL 32806

Title: D () Delete
Name: SWANN, KENNETH J
Address: 6101 LAKE ELLENOR DR
City-St-Zip: ORLANDO, FL 32809

Title: D () Delete
Name: EVANS, WAYN
Address: 507 MABBETTE ST
City-St-Zip: KISSIMMEE, FL 34741

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: KELLY, ANNETTE
Address: 1520 E BLVD
City-St-Zip: MAITLAND, FL 32751

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: FARLEN HALIKMAN

P

04/26/2007

Electronic Signature of Signing Officer or Director

Date