2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State
04-29-2005 90209 020 ****61.25

DOCUMENT # N95000004530

1. Entity Name
FLORIDA ASSOCIATION OF SENIOR CENTERS, INC.

Principal Place of Business	Mailing Address
179 MARINE ST., CDA SAINT AUGUSTINE, FL 32084	179 MARINE ST., CDA SAINT AUGUSTINE, FL 32084

04272005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
1400 N. Monroe St.	1400 N. Monroe St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tallahassee, FL	City & State: Tallahassee, FL
Zip: 32303 Country: USA	Zip: 32303 Country: USA

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DUGGAR, MARGARET L 1018 THOMASVILLE RD. BOX C-2 TALLAHASSEE, FL 32303	Name Street Address (P.O. Box Number Is Not Acceptable) City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BROWN, CATHY 179 MARINE ST., CDA SAINT AUGUSTINE, FL 32084	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Yolanda Rodriguez 6009 NW 10th St. Margate, FL 33063	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD FRAPPIER, MARTI 330 FITH ST. SAINT PETERSBURG, FL 33701	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SPELLMAN, HELLA 1400 N. MONROE ST. TALLAHASSEE, FL 32303	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD FENTON, LEE 14205 OLD DIXIE HIGHWAY HUDSON, FL 34667	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Carmen Carrasquillo 1099 Shady Lane Kissimmee, FL 34744	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Hella Spellman 4-28-05 (850) 891-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #