

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004530

FILED
Apr 20, 2009
Secretary of State

Entity Name: FLORIDA ASSOCIATION OF SENIOR CENTERS, INC.

Current Principal Place of Business:

1400 N MONROE STREET
TALLAHASSEE, FL 32303

New Principal Place of Business:

Current Mailing Address:

1400 N MONROE STREET
TALLAHASSEE, FL 32303

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUGGAR, MARGARET L
1018 THOMASVILLE RD. BOX C-2
TALLAHASSEE, FL 32303 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: VP () Delete
Name: CELNAR, BARBARA
Address: 1888 BROTHER GREENEN WAY
City-St-Zip: SARASOTA, FL 34236

Title: S () Delete
Name: COLES, PAT
Address: 8940 W VETERANS DR
City-St-Zip: HOMOSASSA, FL 34448

Title: P () Delete
Name: SPELLMAN, HELLA
Address: 1400 N MONROE ST
City-St-Zip: TALLAHASSEE, FL 32303

Title: T () Delete
Name: O'CONNELL, PAT
Address: 180 MARINE ST
City-St-Zip: SAINT AUGUSTINE, FL 32084

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:

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: PAT O'CONNELL

T

04/20/2009

Electronic Signature of Signing Officer or Director

Date