

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004530

FILED
Feb 06, 2012
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
Name: DAY, SHARI
Address: P.O. BOX 671
City-St-Zip: DAYTONA BEACH, FL 32115

Title: S
Name: HOUSTON, WENDY
Address: 1816 9TH STREET WEST
City-St-Zip: BRADENTON, FL 34205

Title: P
Name: O'CONNELL, PAT
Address: 180 MARINE STREET
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: T
Name: MORRISON, LEIGH
Address: 312 COLLEGE AVENUE
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: PSA
Name: SPELLMAN, HELLA
Address: 1400 NORTH MONROE STREET
City-St-Zip: TALLAHASSEE, FL 32303

Title: PSA
Name: BROWN, CATHY
Address: 180 MARINE STREET
City-St-Zip: ST. AUGUSTINE, FL 32084

I hereby 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 all other like empowered.

SIGNATURE: LEIGH MORRISON

TREA

02/06/2012

Electronic Signature of Signing Officer or Director

Date