

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001497

FILED  
Jan 07, 2009  
Secretary of State

Entity Name: AGING WITH DIGNITY, INC.

## Current Principal Place of Business:

820 E PARK AVE SUITE D-100  
TALLAHASSEE, FL 32301

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 1661  
TALLAHASSEE, FL 323021661

## New Mailing Address:

FEI Number: 59-3367487

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MALLEY, PAUL  
820 E PARK AVE SUITE D-100  
TALLAHASSEE, FL 32301 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: TD ( ) Delete  
Name: BOULOS, ZIMMERMANN E  
Address: 1524 SAN MARCO BOULEVARD  
City-St-Zip: JACKSONVILLE, FL 32207

Title: CD ( ) Delete  
Name: SMITH, GUY  
Address: N94 W17900 APPLETON AVE., STE. 101  
City-St-Zip: MENOMONEE FALLS, WI 53051

Title: D ( ) Delete  
Name: PIET, LESLIE  
Address: 808 N SHAMROCK RD  
City-St-Zip: BEL AIR, MD 21014

Title: P ( ) Delete  
Name: MALLEY, PAUL  
Address: 8830 SAPHIRE DRIVE  
City-St-Zip: TALLAHASSEE, FL 32309

Title: SD ( ) Delete  
Name: RUSSELL, PATRICIA A  
Address: 1117 MICHIGAN AVE  
City-St-Zip: WILMETTE, IL 60091

Title: D ( ) Delete  
Name: BROCHIN, ROBERT  
Address: 200 A BISCAYNE BLVD, #5300  
City-St-Zip: MIAMI, FL 33131

## 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: ( ) 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: PAUL MALLEY

P

01/07/2009

Electronic Signature of Signing Officer or Director

Date