## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N96000005375

FILED Sep 10, 2004 Secretary of State

Entity Name: FLORIDA ASSOCIATION OF HOMES FOR THE AGING HEALTH AND SERVICES CORP.

**Current Principal Place of Business: New Principal Place of Business:** 1812 RIGGINS ROAD TALLAHASSEE, FL 32308 **Current Mailing Address: New Mailing Address:** 1812 RIGGINS ROAD TALLAHASSEE, FL 32308 FEI Number: 59-3422660 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BOYD, JANEGALE 1812 RIGGINS ROAD TALLAHASSEE, FL 32308 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition NORTON, JACK BOORD, .SCOTT Name: Name: 700 MEASE PLAZA Address: 4847 FRED GLADSTONE DR Address: City-St-Zip: DUNEDIN, FL 34698 City-St-Zip: WEST PALM BEACH, FL 33417 US Title: () Delete Title: (X) Change ( ) Addition JOHNSON, RAYMOND M Name: NORTON, JACK Name: Address: 1000 VICAR'S LANDING Address: 700 MEASE PLAZA City-St-Zip: PONTE VEDRA BEACH, FL 32082 City-St-Zip: DUNEDIN, FL 34698 US Title: () Delete Title: (X) Change ( ) Addition IRWIN, DANIEL IRWIN, DANIEL Name: Name: 6901 SW 18ST STE 301 Address: Address: 6901 SW 18ST STE 301 City-St-Zip: BOCA RATON, FL 33433 City-St-Zip: BOCA RATON, FL 33433 US Title: ( ) Delete Title: (X) Change ( ) Addition Name: GOETZ, MARTY Name: GOETZ, MARTY 11401 OLD ST. AUGUSTINE RD 11401 OLD ST. AUGUSTINE RD Address: Address: JACKSONVILLE, FL 32259 US City-St-Zip: JACKSONVILLE, FL 32259 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition BUXD, JUDY BUXO, JUDY Name: Name: 400 LOCUST ST. SUITE 820 400 LOCUST ST. SUITE 820 Address: Address: City-St-Zip: DES MOINES, IA 503092334 City-St-Zip: DES MOINES, IA 50309 US Title: () Delete Title: () Change () Addition LYNN, RICHARD Name: Name: Address: 740 N. WOODLAND BLVD. Address: DELAND, FL 32720 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SCOTT BOORD MR. 09/10/2004