

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005375

FILED
Apr 13, 2005
Secretary of State

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

Current Principal Place of Business:

1812 RIGGINS ROAD
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

1812 RIGGINS ROAD
TALLAHASSEE, FL 32308

New Mailing Address:

FEI Number: 59-3422660

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOYD, JANEGALE
1812 RIGGINS ROAD
TALLAHASSEE, FL 32308 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: C () Delete
Name: BOORD, .SCOTT
Address: 4847 FRED GLADSTONE DR
City-St-Zip: WEST PALM BEACH, FL 33417 US

Title: D () Delete
Name: NORTON, JACK
Address: 700 MEASE PLAZA
City-St-Zip: DUNEDIN, FL 34698 US

Title: D () Delete
Name: IRWIN, DANIEL
Address: 6901 SW 18ST STE 301
City-St-Zip: BOCA RATON, FL 33433 US

Title: D () Delete
Name: GOETZ, MARTY
Address: 11401 OLD ST. AUGUSTINE RD
City-St-Zip: JACKSONVILLE, FL 32259 US

Title: D () Delete
Name: BUXO, JUDY
Address: 400 LOCUST ST. SUITE 820
City-St-Zip: DES MOINES, IA 50309 US

Title: S () Delete
Name: LYNN, RICHARD
Address: 740 N. WOODLAND BLVD.
City-St-Zip: DELAND, FL 32720

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: IRWIN, DANIEL
Address: 6901 SW 18ST STE 301
City-St-Zip: BOCA RATON, FL 33433 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: LYNN, RICHARD
Address: 740 N. WOODLAND BLVD.
City-St-Zip: DELAND, FL 32720

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: JANEGALE BOYD

CEO

04/13/2005

Electronic Signature of Signing Officer or Director

Date