

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005375

FILED
Apr 30, 2009
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 (X)

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: O () Delete
Name: CUNLIFFE, TERRI
Address: 5784 NW 121ST TERR
City-St-Zip: POMPANO BEACH, FL 33076 US

Title: C () Delete
Name: BALLARD, ALMA CHAIR
Address: 134 E. CHURCH STREET
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: S () Delete
Name: BERGER, LITHA SEC
Address: 5200 NE 2ND AVE
City-St-Zip: MIAMI, FL 33137 US

Title: T () Delete
Name: MESERVE, JOHN TRES
Address: ONE FLEET LANDING BVLD.
City-St-Zip: ATLANTIC BEACH, FL 32233 US

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

Title: D () Delete
Name: ROBARE, BRIAN
Address: 1001 CARPENTER WAY
City-St-Zip: LAKELAND, FL 33809

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
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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: JANEGALE BOYD

Electronic Signature of Signing Officer or Director

CEO

04/30/2009

Date