

# 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 BVL.D.  
City-St-Zip: ATLANTIC BEACH, FL 32233 US

Title: D ( ) Delete  
Name: BUXO, 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: LAKE LAND, 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  
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: JANEGALE BOYD

CEO

04/30/2009

Electronic Signature of Signing Officer or Director

Date