

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90147 041 ****61.25

DOCUMENT # N96000005375

1. Entity Name

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



Principal Place of Business

**1812 RIGGINS ROAD
TALLAHASSEE FL 32308**

Mailing Address

**1812 RIGGINS ROAD
TALLAHASSEE FL 32308**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3422660**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BOYD, JANE GALE
1812 RIGGINS ROAD
TALLAHASSEE FL 32308**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Jane Gale Boyd

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/20/03

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GACKENHEIMER, DREW E.	
STREET ADDRESS	4847 FRED GLADSTONE DRIVE	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	Past Chair	<input type="checkbox"/> Delete
NAME	JOHNSON, RAYMOND M	
STREET ADDRESS	1000 VICAR'S LANDING	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	HARRISON, MARY	
STREET ADDRESS	413 N. E. 3RD ST.	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	GRANT, JERRY	
STREET ADDRESS	P.O. BOX 90	
CITY-ST-ZIP	WEST POINT PA 19486	
TITLE	Chair-elect	<input type="checkbox"/> Delete
NAME	BOORD, SCOTT	
STREET ADDRESS	4847 FRED GLADSTONE DRIVE	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	S	<input type="checkbox"/> Delete
NAME	LYNN, RICHARD	
STREET ADDRESS	740 N. WOODLAND BLVD.	
CITY-ST-ZIP	DELAND FL 32720	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CHAIRMAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACK NORTON	
STREET ADDRESS	700 HENSE PLAZA	
CITY-ST-ZIP	DONEDIN, FL. 34698	
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DANIEL IRWIN	
STREET ADDRESS	6901 SW 18th ST, Ste 301	
CITY-ST-ZIP	BOCA RATON, FL. 33433	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Marty Goetz	
STREET ADDRESS	11901 Old St. Augustine Rd	
CITY-ST-ZIP	Jacksonville, FL 32259	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Judy Buxo	
STREET ADDRESS	400 Locust St., Suite 820	
CITY-ST-ZIP	Des Moines, IA 50309-2334	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jane Gale Boyd

2/20/03

(850) 671-3700

CR2E037 (10/02)