## 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N96000005549

FILED Jan 21, 2010 Secretary of State

Entity Name: KINNERET COUNCIL ON AGING, INC.

Current Principal Place of Business: New Principal Place of Business:

515 S DELANEY AVENUE ORLANDO, FL 32801

Current Mailing Address: New Mailing Address:

515 S DELANEY AVENUE ORLANDO, FL 32801

FEI Number: 59-3408517 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:

CHADWICK, JAMES M 1511 N. WESTSHORE BLVD. SUITE 300 TAMPA, FL 33607 US

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: SD

Name: LEFKOWITZ, AMY
Address: 4706 ANSON LANE
City-St-Zip: ORLANDO, FL 32814

Title: VPD

Name: FEUERMAN, CAROL
Address: 100 SWEETWATER CREEK CT
City-St-Zip: LONGWOOD, FL 32779

Title:

Name: PEALMAN, RHONDA K Address: 3900 NEPTUNE DR City-St-Zip: ORLANDO, FL 32804

Title: TD

Name: HALIKMAN, FARLEN

Address: 1201 S ORLANDO AVE STE 400 City-St-Zip: WINTER PARK, FL 32789

Title: PD

 Name:
 POLEJES, ALISON

 Address:
 2110 FORREST RD.

 City-St-Zip:
 WINTER PARK, FL 32789

Title: VPD

Name: ZIEGLER, FELECIA
Address: 1201 E. ROBINSON STREET
City-St-Zip: ORLANDO, FL 32801

I hereby 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 all other like empowered.

SIGNATURE: ALISON POLEJES PRES 01/21/2010