FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT

1995 5-1-95 B-6935-X C

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 10:53

DOCUMENT # P26091 (9)

1. Corporation Name
NATIONAL FOUNDATION ON GERONTOLOGY, INC.

Principal Place of Business	Mailing Address
501 VILLAGE GREEN PARKWAY, #6 BRADENTON FL 34209-3401	501 VILLAGE GREEN PARKWAY, #6 BRADENTON FL 34209-3401

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/20/1989
3a. Date of Last Report: 10/21/1994
4. FEI Number: 59-2724656 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 3647 Cortez Road W	26 3647 Cortez Road W
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Bradenton, FL	28 Bradenton, FL
24 Zip 34210 / 25 Country USA	29 Zip 34210 / 30 Country USA

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CONARD, RICHARD T 501 VILLAGE GREEN PARKWAY, SUITE 6 BRADENTON FL 33529	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 3647 Cortez Road W 83 84 City Bradenton FL 85 Zip Code 34210

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	11 TITLE	☒ Change ☐ Addition
NAME	CONARD, RICHARD T	12 NAME	
STREET ADDRESS	501 VILLAGE GREEN PARKWAY, #6	13 STREET ADDRESS	3647 Cortez Road W
CITY-ST-ZIP	BRADENTON FL 33529	14 CITY-ST-ZIP	Bradenton, FL 34210
TITLE	AS	21 TITLE	S ☒ Change ☐ Addition
NAME	SUMMERS, LORI	22 NAME	Karen Cascaddan
STREET ADDRESS	501 VILLAGE GREEN PARKWAY	23 STREET ADDRESS	3647 Cortez Road W
CITY-ST-ZIP	BRADENTON FL	24 CITY-ST-ZIP	Bradenton, FL 34210
TITLE		31 TITLE	D ☐ Change ☒ Addition
NAME		32 NAME	DR. PETER ARMACOST
STREET ADDRESS		33 STREET ADDRESS	PO BOX 12560 NK
CITY-ST-ZIP		34 CITY-ST-ZIP	St. Petersburg, FL 33733
TITLE		41 TITLE	D ☐ Change ☒ Addition
NAME		42 NAME	DR. LEONARD HAYFLICK
STREET ADDRESS		43 STREET ADDRESS	36991 GREENCROFT CLOSE, PO BOX 89
CITY-ST-ZIP		44 CITY-ST-ZIP	THE SEA RANCH, CA 95497
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

REMITTED BY MAY 1

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Richard T. Conard 4/28/95 813.756.2555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0062644