

3/26/98

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Mar 26 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P26091 (9)

1. Corporation Name

NATIONAL FOUNDATION ON GERONTOLOGY, INC.



Principal Place of Business <b>3647 CORTEZ ROAD W BRADENTON FL 34210 US</b>	Mailing Address <b>3647 CORTEZ ROAD W BRADENTON FL 34210 US</b>
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3. Date Incorporated or Qualified

09/20/1989

4. FEI Number

59-2724656

Applied For

Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐

Yes

☐

No

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30.☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CONARD, RICHARD T  
3647 CORTEZ ROAD W  
BRADENTON FL 34210

81 Name

Thomas B. Lurier

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

2440 N. Tamiami Trail

83

84 City

Nokomis

FL

85 Zip Code

34210

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST CONARD, SCOTT E 4313 FANNIN DR. IRVING TX 75038	1.1 TITLE	President & Director
NAME		1.2 NAME	James A. Skinner
STREET ADDRESS		1.3 STREET ADDRESS	732 Harpeth Trace Drive
CITY - ST - ZIP		1.4 CITY - ST - ZIP	Nashville, TN 37221
TITLE	D RAFOFSKY, HARVEY 3647 CORTEZ ROAD W BRADENTON FL 34210	2.1 TITLE	Director & Secretary
NAME		2.2 NAME	Howard H. Cochran
STREET ADDRESS		2.3 STREET ADDRESS	525 Shadycrest Lane
CITY - ST - ZIP		2.4 CITY - ST - ZIP	Franklin, TN 37064
TITLE	D ARMACOST, PETER D P.O. BOX 12556 N/A ST. PETERSBURG FL	3.1 TITLE	Director & Treasurer
NAME		3.2 NAME	John H. Dorland
STREET ADDRESS		3.3 STREET ADDRESS	10033 N.W. 17th Street
CITY - ST - ZIP		3.4 CITY - ST - ZIP	Coral Springs, FL 33071
TITLE	D HAYFLICK, LEONARD D 36991 GREENCROFT CLOSE, P.O. BOX 89 THE SEA RANCH CA	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. 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 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:

James A. Skinner

3/26/98

CR2E037 (10/97)