

FILE NOW: FILING FEE IS \$61.25

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Apr 30 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 # **N96000004160 (5)**

1. Corporation Name

**AGE INSTITUTE OF FLORIDA, INC.**



Principal Place of Business <b>C/O AGE INSTITUTE. PROF. ARTS BLDG. 25 PENNCRAFT AVENUE CHAMBERSBURG PA 17201</b>	Mailing Address <b>C/O AGE INSTITUTE. PROF. ARTS BLDG. 25 PENNCRAFT AVENUE CHAMBERSBURG PA 17201</b>
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3. Date Incorporated or Qualified <b>08/08/1996</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
4. FEI Number <b>23-2856813</b>	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
	Zip <b>29</b>
	Country <b>30</b>

5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	<b>FL</b>

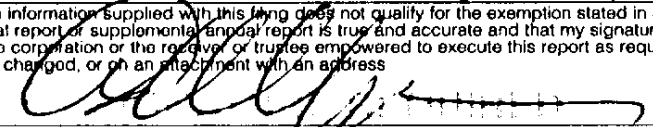
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>CPT TSCHOP, CAROL A.</b>
STREET ADDRESS	<b>141 HARVEST LANE</b>
CITY-ST-ZIP	<b>CHAMBERSBURG PA 17201</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>VT STOOPS, ANGELA D</b>
STREET ADDRESS	<b>14177 ANTHONY HIGHWAY</b>
CITY-ST-ZIP	<b>WAYNESBORO PA 17268</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>S KUMP, SUSAN M</b>
STREET ADDRESS	<b>7530 NYESVILLE ROAD</b>
CITY-ST-ZIP	<b>CHAMBERSBURG PA 17201</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D CORMAN, JOHN P</b>
STREET ADDRESS	<b>41 PARKRIDGE DRIVE</b>
CITY-ST-ZIP	<b>BRYN MAWR PA 19010</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D JABRO, ANN D</b>
STREET ADDRESS	<b>1781 CIRCLEVILLE RD</b>
CITY-ST-ZIP	<b>STATE COLLEGE PA 16803</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D MADONNA, HARRY D</b>
STREET ADDRESS	<b>5 CLAYTON PLACE</b>
CITY-ST-ZIP	<b>NEWTOWN SQUARE PA 19073</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.1 TITLE	<b>D</b>
1.2 NAME	<b>SYLVIA M. GARCIA</b>
1.3 STREET ADDRESS	<b>11694 LINDEN DRIVE</b>
1.4 CITY-ST-ZIP	<b>SPRING HILL, FL 34608</b>
2.1 TITLE	<b>D</b>
2.2 NAME	<b>TIMOTHY D. JOHNSON</b>
2.3 STREET ADDRESS	<b>321 FEASTER ROAD</b>
2.4 CITY-ST-ZIP	<b>CHAMBERSBURG, PA 17201</b>
3.1 TITLE	<b>D</b>
3.2 NAME	<b>MARY KATHERINE McDONOUGH</b>
3.3 STREET ADDRESS	<b>399 MAIN STREET</b>
3.4 CITY-ST-ZIP	<b>CHARLESTOWN, MA 02129</b>
4.1 TITLE	<b>D</b>
4.2 NAME	<b>REBECCA A. PHILLIPS</b>
4.3 STREET ADDRESS	<b>3439 MIDVALE AVENUE</b>
4.4 CITY-ST-ZIP	<b>PHILADELPHIA, PA 19129</b>
5.1 TITLE	<b>D</b>
5.2 NAME	<b>JABRO, ANN D.</b>
5.3 STREET ADDRESS	<b>70 BELLVIEW DRIVE</b>
5.4 CITY-ST-ZIP	<b>MCKEES ROCKS PA 15136</b>
6.1 TITLE	<b>D</b>
6.2 NAME	<b>ELIZABETH B. WARSHAWER</b>
6.3 STREET ADDRESS	<b>109 DUNN'S COVE ROAD</b>
6.4 CITY-ST-ZIP	<b>MEDIA, PA 19063</b>

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:  4-22-98 717-263-7766

CR2E037 (10/97)