

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005375

Entity Name: FLORIDA ASSOCIATION OF HOMES FOR THE AGING HEALTH AND SERVICES CORP.**FILED**
Apr 11, 2014
Secretary of State
CC2924920698**Current Principal Place of Business:**1812 RIGGINS ROAD
TALLAHASSEE, FL 32308**Current Mailing Address:**1812 RIGGINS ROAD
TALLAHASSEE, FL 32308**FEI Number: 59-3422660****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**MCHUGH, DANA W
1812 RIGGINS ROAD
TALLAHASSEE, FL 32308 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: DANA MCHUGH****04/11/2014**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	CHAIRMAN
Name	ROBARE, BRIAN L
Address	1001 CARPENTER'S WAY
City-State-Zip:	LAKELAND FL 33809
Title	EXECUTIVE DIRECTOR
Name	MCHUGH, DANA W
Address	1812 RIGGINS ROAD, SUITE A
City-State-Zip:	TAHHASSEE FL 32308
Title	SECRETARY
Name	GILREATH, MELISSA
Address	115 THIRD STREET, SOUTH
City-State-Zip:	JACKSONVILLE BEACH FL 32250

Title	DIRECTOR
Name	MARCELLO, DIANE J
Address	5201 BAHIA VISTA ST.
City-State-Zip:	SARASOTA FL 34232
Title	TREASURER
Name	SMAAGE, KEVIN
Address	130 WEST ARMSTRONG AVE,
City-State-Zip:	DELAND FL 32720
Title	DIRECTOR
Name	BOYD, JANEGALE M.
Address	1812 RIGGINS ROAD
City-State-Zip:	TALLAHASSEE FL 32308

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: DANA W. MCHUGH**EXECUTIVE DIRECTOR****04/11/2014**

Electronic Signature of Signing Officer/Director Detail

Date