

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005375

Entity Name: FLORIDA ASSOCIATION OF HOMES FOR THE AGING HEALTH AND SERVICES CORP.**FILED**
Apr 25, 2013
Secretary of State
CC5220879086**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:**BOYD, JANEGALE M
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:**

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	DIRECTOR
Name	MARCELLO, DIANE J
Address	5201 BAHIA VISTA ST.
City-State-Zip:	SARASOTA FL 34232

Title	DIRECTOR
Name	GARTLAND, MAUREEN F
Address	1750 STOCKTON ST.
City-State-Zip:	JACKSONVILLE FL 32204

Title	TREASURER
Name	ASHBY, JOSHUA
Address	ONE FLEET LANDING BVLD.
City-State-Zip:	ATLANTIC BEACH FL 32233

Title	DIRECTOR
Name	CUNLIFFE, TERRI
Address	9215 W. BROWARD BLVD., SUITE 100
City-State-Zip:	PLANTATION FL 33324

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: JANEGALE M. BOYD**DIRECTOR****04/25/2013**

Electronic Signature of Signing Officer/Director Detail

Date