

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005375

Entity Name: FLORIDA ASSOCIATION OF HOMES FOR THE AGING HEALTH AND SERVICES CORP.**FILED**
Apr 04, 2024
Secretary of State
6168157292CC**Current Principal Place of Business:**1812 RIGGINS ROAD
SUITE 1
TALLAHASSEE, FL 32308**Current Mailing Address:**1812 RIGGINS ROAD
SUITE 1
TALLAHASSEE, FL 32308 US**FEI Number: 59-3422660****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**BAHMER, STEPHEN D
1812 RIGGINS ROAD
STE 1
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: STEPHEN D BAHMER****04/04/2024**

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 HENNIS, GARRY
Address 80 W. LUCERNE CIRCLE
City-State-Zip: ORLANDO FL 32801**Title** DIRECTOR
Name MYERS, KEITH
Address 4847 FRED GLADSTONE DR
City-State-Zip: WEST PALM BEACH FL 33417**Title** DIRECTOR
Name BAHMER, STEPHEN
Address 1812 RIGGINS ROAD
STE. 1
City-State-Zip: TAAHASSEE FL 32308**Title** DIRECTOR
Name MCRAE, KENT
Address 700 MEASE PLAZA
City-State-Zip: DUNEDIN FL 34698**Title** DIRECTOR
Name OROS, RICK
Address 3501 OLYMPUS BLVD
300
City-State-Zip: DALLAS TX 75019

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: STEPHEN D. BAHMER**PRESIDENT & CEO****04/04/2024**

Electronic Signature of Signing Officer/Director Detail

Date