

FILE NOW: FILING FEE IS \$61.25

1-2

**NONPROFIT
CORPORATION
ANNUAL REPORT
1996**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 726022 (7)

1. Corporation Name:

WASHINGTON COUNTY COUNCIL ON AGING, INC



Principal Place of Business

Mailing Address

**408 SOUTH BLVD. W.
CHIPLEY FL 32428**

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CHIPLEY FL 32428**

3. Date Incorporated or Qualified
04/06/1973

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-1485912

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ENFINGER, MARY EXEC. DIR.
408 S. BLVD. W.
CHIPLEY FL 32428**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
600001842696

83

**05/25/96 01062-036
***61.25**

84 City

FL

85 Zip Code

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 ☐ DELETE

1.1 TITLE ☐ Change ☒ Addition

NAME **PD
MCEVOY, FRED**
STREET ADDRESS **529 COUNTRY CLUB BLVD.**
CITY-ST-ZIP **SUNNY HILLS FL**

1.2 NAME **VPD
Bonnell Sapp**
1.3 STREET ADDRESS **Rt. 1, Box 232 N/A**
1.4 CITY-ST-ZIP **Chipley, Florida 32428**

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☒ Addition

NAME **VPD
HARTZOG, WILLIAM**
STREET ADDRESS **P.O. BOX 313**
CITY-ST-ZIP **WAUSAU FL**

2.2 NAME **SD
Thelma Farmer**
2.3 STREET ADDRESS **P.O. Box 415 N/A**
2.4 CITY-ST-ZIP **Chipley, Florida 32428**

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☒ Addition

NAME **D
GRANTHAM, HUGHIE**
STREET ADDRESS **P.O. BOX 92 N/A**
CITY-ST-ZIP **WAUSAU FL**

3.2 NAME **D
William Hartzog**
3.3 STREET ADDRESS **P.O. Box 313 N/A**
3.4 CITY-ST-ZIP **Wausau, Florida 32463**

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☒ Addition

NAME **D
SMITH, MAVIS**
STREET ADDRESS **RT. 1, BOX 155-C N/A**
CITY-ST-ZIP **VERNON FL**

4.2 NAME **D
Henry Day**
4.3 STREET ADDRESS **P.O. Box 16 N/A**
4.4 CITY-ST-ZIP **Vernon, Florida 32462**

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☒ Addition

NAME **D
CLARK, GARY**
STREET ADDRESS **RT. 5, BOX 168**
CITY-ST-ZIP **CHIPLEY FL**

5.2 NAME **D
William Sasser**
5.3 STREET ADDRESS **Timber Ridge Road**
5.4 CITY-ST-ZIP **Chipley, Florida 32428**

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☒ Addition

NAME **D
CURTIS, JOHN**
STREET ADDRESS **RT. 5, BOX 168 N/A**
CITY-ST-ZIP **CHIPLEY FL**

6.2 NAME **D
Johnny Johnson**
6.3 STREET ADDRESS **470 Hancock Ct.**
6.4 CITY-ST-ZIP **Sunny Hills, Florida 32428**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.07(3)(k), 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:

Fred McEvoy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-96

Date

904) 638-6217

Daytime Phone #

CR2E037 (12/95)

WASHINGTON COUNTY COUNCIL ON AGING

408 South Blvd. West • Chipley, Florida 32428

Phone (904) 638-6217 • Fax (904) 638-6214

13. CONT'd:

D
George Williams
P.O. Box 94 *N/A*
Chipley, Florida 32428

D
Karen Tagert
501 N. 5th St.
Chipley, Florida 32428

D
Doris Robinson
312 NE Blvd.
Chipley, Florida 32428

D
Ann Shuler
P.O. Box 621 *N/A*
Chipley, Florida 32428