SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998

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

FILED
Aug 26 1998 8:00am
Secretary of State

000167

DOCUMENT # 726022 (7)

1. Corporation Name

WASHINGTON COUNTY COUNCIL ON AGING, INC

Principal Place of Business	Mailing Address
1348 SOUTH BLVD. CHIPLEY FL 32428 US	1348 SOUTH BLVD CHIPLEY FL 32428 US

3. Date Incorporated or Qualified: 04/06/1973

4. FEI Number: 59-1485912 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year tangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ENFINGER, MARY EXEC. DIR.
1348 SOUTH BLVD.
CHIPLEY FL 32428

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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 _____ DATE
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	SD	☐ Change ☒ Addition
NAME	SAPP, BONNELL		1.2 NAME	Farmer, Thelma	
STREET ADDRESS	2088 KENT RD		1.3 STREET ADDRESS	P.O. Box 415 N/A	
CITY-ST-ZIP	CHIPLEY FL		1.4 CITY-ST-ZIP	Chipley, FL 32428	
TITLE	VPD	☐ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	SASSER, WILLIAM		2.2 NAME	Williams, George	
STREET ADDRESS	1017 SUMMITT LANE		2.3 STREET ADDRESS	P.O. Box 94 N/A	
CITY-ST-ZIP	CHIPLEY FL		2.4 CITY-ST-ZIP	Chipley, FL 32428	
TITLE	~~SD~~	☒ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	~~TAGERT, KAREN~~		3.2 NAME	Day, Henry	
STREET ADDRESS	~~501 N 5TH ST~~		3.3 STREET ADDRESS	P.O. Box 16 N/A	
CITY-ST-ZIP	~~CHIPLEY FL~~		3.4 CITY-ST-ZIP	Vernon, FL 32462	
TITLE	~~D~~	☒ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	~~SMITH, MAVIS~~		4.2 NAME	Johnny Johnson	
STREET ADDRESS	~~RT. 1, BOX 155-C N/A~~		4.3 STREET ADDRESS	4545 Hancock Ct.	
CITY-ST-ZIP	~~VERNON FL~~		4.4 CITY-ST-ZIP	Sunny Hills, FL 32428	
TITLE	D	☐ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	STEVERSON, CALVIN		5.2 NAME	Ida Mae Cotton	
STREET ADDRESS	3163 RIVER RD		5.3 STREET ADDRESS	P.O. Box 32 N/A	
CITY-ST-ZIP	VERNON FL		5.4 CITY-ST-ZIP	Chipley, FL 32428	
TITLE	D	☐ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	CURTIS, JOHN		6.2 NAME	Ruth Winstead	
STREET ADDRESS	RT. 5, BOX 168 N/A		6.3 STREET ADDRESS	830 5th Street	
CITY-ST-ZIP	CHIPLEY FL		6.4 CITY-ST-ZIP	Chipley, FL 32428	

CR2E037 (5/98)

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: Ruth Winstead BOARD MEMBER RUTH WINSTEAD, 8/14/98 (850) 638-6217
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

WASHINGTON COUNTY COUNCIL ON AGING

408 South Blvd. West • Chipley, Florida 32428
Phone (904) 638-6217 • Fax (904) 638-6214

13. Cont'd:

D
Townsend, Jeanette
P.O. Box 308 N/A
Chipley, FL 32428

D
G.J. Haviland
4680 Douglas Ferry Road
Caryville, FL 32427