

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726022

FILED
Mar 10, 2009
Secretary of State

Entity Name: WASHINGTON COUNTY COUNCIL ON AGING, INC

Current Principal Place of Business:

1348 SOUTH BLVD.
CHIPLEY, FL 32428 US

New Principal Place of Business:

Current Mailing Address:

1348 SOUTH BLVD.
CHIPLEY, FL 32428 US

New Mailing Address:

FEI Number: 59-1485912

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CAMPBELL, JERRY
Address: 844 3RD STREET
City-St-Zip: CHIPLEY, FL 32428

Title: VPD () Delete
Name: WILLIAMS, GEORGE
Address: P.O. BOX 94
City-St-Zip: CHIPLEY, FL 32428

Title: D () Delete
Name: TILLER, EVELYN
Address: 887 MAIN STREET
City-St-Zip: CHIPLEY, FL 32428

Title: D () Delete
Name: RAY, MARLENE
Address: 819 3RD STREET
City-St-Zip: CHIPLEY, FL 32428

Title: S () Delete
Name: TOOLE, SANDRA
Address: 1375 RUDD ROAD
City-St-Zip: COTTONDALE, FL 32431

Title: D () Delete
Name: CHADWELL, ELAINE
Address: 935 MAIN STREET
City-St-Zip: CHIPLEY, FL 32428

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: STUKEY, JANICE
Address: 1595 NEARING HILLS CIRCLE
City-St-Zip: CHIPLEY, FL 32428

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MARY L. SMITH

F.O.

03/10/2009

Electronic Signature of Signing Officer or Director

Date