FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 29 AM 7:28

DOCUMENT # **744232** **(0)**

1. Corporation Name

AREA AGENCY ON AGING FOR SOUTHWEST FLORIDA, INC.

Principal Place of Business	Mailing Address
1400 JACKSON STREET FT MYERS FL 33901	1400 JACKSON STREET FT MYERS FL 33901

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/12/1978
3a. Date of Last Report: 04/21/1994
4. FEI Number: 59-1854441 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 2285 FIRST STREET	26 2285 FIRST STREET
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: FT MYERS, FL	28 City & State: FT MYERS, FL
24 Zip: 33901 25 Country	29 Zip: 33901 30 Country

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CALLINAN, MAUREEN 5342 CHIPPENDALE CIR FT MYERS FL 33912	81 Name: JAMES L. MOTT 82 Street Address (P.O. Box Number is Not Acceptable): 6777 WINKLER ROAD, A-156 83 84 City: FORT MYERS FL 85 Zip Code: 33919

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: [signature] JAMES L. MOTT 3-23-95
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	VD	11 TITLE	S/D	☐ Change ☒ Addition
NAME	BROWN, JEFF	12 NAME	HELEN FALLERT	
STREET ADDRESS	163 CARRIBEAN RD	13 STREET ADDRESS	5099 FAIRFIELD DRIVE	
CITY-ST-ZIP	NAPLES FL	14 CITY-ST-ZIP	FORT MYERS, FL 33919	
TITLE	SD	21 TITLE	V/D	☒ Change ☐ Addition
NAME	VANN, ANNA	22 NAME		
STREET ADDRESS	2160 CHANNEL WAY	23 STREET ADDRESS		
CITY-ST-ZIP	NO FT MYERS FL	24 CITY-ST-ZIP		
TITLE	TD	31 TITLE	T/D	☐ Change ☒ Addition
NAME	HAVERSTICK, DAVID	32 NAME	ROBERT S. BUCY	
STREET ADDRESS	15000 SHELL POINT BLVD	33 STREET ADDRESS	5910 TRAILWINDS DRIVE	
CITY-ST-ZIP	FT MYERS FL	34 CITY-ST-ZIP	FORT MYERS, FL 33907	
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	STEPHENS, JAMES	42 NAME		
STREET ADDRESS	3204 'C' STR	43 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL	44 CITY-ST-ZIP		
TITLE	PD	51 TITLE	P/D	☐ Change ☒ Addition
NAME	CALLINAN, MAUREEN	52 NAME	JAMES L. MOTT	
STREET ADDRESS	5342 CHIPPENDALE CIR	53 STREET ADDRESS	6777 WINKLER ROAD, A-156	
CITY-ST-ZIP	FT MYERS FL	54 CITY-ST-ZIP	FORT MYERS, FL 33919	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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 110.07(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 added with an address.

SIGNATURE: [signature] JAMES L. MOTT 3-23-95 813 332 3333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #