FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

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

1. Corporation Name

AREA AGENCY ON AGING FOR SOUTHWEST FLORIDA, INC.

Principal Place of Business	Mailing Address
2285 FIRST ST FT MYERS FL 33901 US	2285 FIRST ST FT MYERS FL 33901 US

3. Date Incorporated or Qualified: **09/12/1978**
3a. Date of Last Report: **03/29/1995**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24:
Country — 25:
Zip — 29:
Country — 30:

4. FEI Number: **59-1854441** ☐ 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

9. Name and Address of Current Registered Agent

MOTT, JAMES L.
6777 WINKLER RD
#A156
FT MYERS FL 33919

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, typed 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	VD	☒ DELETE	1.1 TITLE	Treasurer	☐ Change ☒ Addition
NAME	BROWN, JEFF		1.2 NAME	Robert Bucy	
STREET ADDRESS	163 CARRIBEAN RD		1.3 STREET ADDRESS	5910 Trailwinds Drive	
CITY-ST-ZIP	NAPLES FL		1.4 CITY-ST-ZIP	Fort Myers, FL	
TITLE	VD	☐ DELETE	2.1 TITLE	Secretary	☐ Change ☒ Addition
NAME	VANN, ANNA		2.2 NAME	Helen Fallert	
STREET ADDRESS	2160 CHANNEL WAY		2.3 STREET ADDRESS	5099 Fairfield Drive	
CITY-ST-ZIP	NO FT MYERS FL		2.4 CITY-ST-ZIP	Fort Myers, FL	
TITLE	TD	☐ DELETE	3.1 TITLE	Director	☒ Change ☐ Addition
NAME	HAVERSTICK, DAVID		3.2 NAME	Haverstick, David	
STREET ADDRESS	15000 SHELL POINT BLVD		3.3 STREET ADDRESS	15000 Shell Point Blvd.	
CITY-ST-ZIP	FT MYERS FL		3.4 CITY-ST-ZIP	Fort Myers, FL	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	STEPHENS, JAMES		4.2 NAME		
STREET ADDRESS	3204 'C' STR		4.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL		4.4 CITY-ST-ZIP		
TITLE	PD	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	CALLINAN, MAUREEN		5.2 NAME		
STREET ADDRESS	5342 CHIPPENDALE CIR		5.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 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 119.07(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: J. Mott 2/8/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)