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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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 33901-2959 US

3. Date Incorporated or Qualified: **09/12/1978**
3a. Date of Last Report: **02/14/1996**

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

4. FEI Number: **59-1854441** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ X **$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 ☐ X 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: **VANN, ANNA**
82 Street Address (P.O. Box Number is Not Acceptable): **2160 CHANNEL WAY**
83
84 City: **N.FORT MYERS** **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: Anna L Vann — 2/20/97
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	T	☒ DELETE	1.1 TITLE	VD	☐ Change ☐ Addition
NAME	BUCY, ROBERT		1.2 NAME	Mott, James L	
STREET ADDRESS	5910 TRAILWINDS DR		1.3 STREET ADDRESS	6777 Winkler Rd., #A156	
CITY-ST-ZIP	FT MYERS FL		1.4 CITY-ST-ZIP	Fort Myers, FL 33919	
TITLE	VD	☐ DELETE	2.1 TITLE	Treasurer	☐ Change ☒ Addition
NAME	VANN, ANNA		2.2 NAME	Mary-Alice Ferrell	
STREET ADDRESS	2160 CHANNEL WAY		2.3 STREET ADDRESS	1038 S.Osprey Ave	
CITY-ST-ZIP	NO FT MYERS FL		2.4 CITY-ST-ZIP	Sarasota, FL 34236	
TITLE	D	☒ DELETE	3.1 TITLE	Director	☐ Change ☒ Addition
NAME	HAVERSTICK, DAVID		3.2 NAME	John Koehler	
STREET ADDRESS	15000 SHELL POINT BLVD		3.3 STREET ADDRESS	2875 Palm Beach Blvd, #C601	
CITY-ST-ZIP	FT MYERS FL		3.4 CITY-ST-ZIP	Ft. Myers, FL 33916	
TITLE	D	☐ DELETE	4.1 TITLE	Director	☐ Change ☒ Addition
NAME	STEPHENS, JAMES		4.2 NAME	Laurie Schnaufer	
STREET ADDRESS	3204 'C' STR		4.3 STREET ADDRESS	1300 Shoreview Dr	
CITY-ST-ZIP	FT MYERS FL		4.4 CITY-ST-ZIP	Englewood, FL 34223	
TITLE	S	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	FALLERT, HELEN		5.2 NAME		
STREET ADDRESS	5099 FAIRFIELD DR		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		

CR2E037 (9/96)

14. I do 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: Anna L Vann (REQUIRED)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0055762