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Mar 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
**1998**

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<br>FT MYERS FL 33901<br>US | 2285 FIRST ST<br>FT MYERS FL 33901<br>US |

3. Date Incorporated or Qualified: 09/12/1978

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

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

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

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

**9. Name and Address of Current Registered Agent**

VANN, ANNA
2160 CHANNEL WAY
N FORT MYERS FL 33919

**10. Name and Address of New Registered Agent**

81 Name: MOTT, JAMES L.
82 Street Address (P.O. Box Number is Not Acceptable): 3830 KELLY ST
83
84 City: FORT MYERS FL 85 Zip Code: 33901

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: James L. Mott JAMES L. MOTT March 4, 1998
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 | ☒ DELETE | 1.1 TITLE | VICE PRESIDENT | ☒ Change ☐ Addition |
| NAME | MOTT, JAMES L | | 1.2 NAME | STULTS, MARY | |
| STREET ADDRESS | 6777 WINKLER RD A 156 | | 1.3 STREET ADDRESS | 768 TROPICAL CIRCLE | |
| CITY-ST-ZIP | FT MYERS FL | | 1.4 CITY-ST-ZIP | SARASOTA, FL 34243 | |
| TITLE | T | ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | MARY-ALICE FERRELL | | 2.2 NAME | | |
| STREET ADDRESS | 1038 S OSPREY AVE | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | SARASOTA FL | | 2.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | JOHN KOEHLER | | 3.2 NAME | | |
| STREET ADDRESS | 2875 PALM BCH BLVD C 601 | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | FT MYERS FL | | 3.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | LAURIE SCHNAUFER | | 4.2 NAME | | |
| STREET ADDRESS | 1300 SHOREVIEW DR | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ENGLEWOOD FL | | 4.4 CITY-ST-ZIP | | |
| 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 | 900002458013 | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | -03/10/98--01095--014 | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | ***70.00 | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

CR2E037 (10/97)

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:** James L. Mott JAMES L. MOTT 2-5-98 941 332 3333