## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## Feb 18, 2004 8:00 am Secretary of State **DOCUMENT # 744232** 1. Entity Name 02-18-2004 90035 001 \*\*\*122 50 AREA AGENCY ON AGING FOR SOUTHWEST FLORIDA, Principal Place of Business ∠Mailing Address 2285 FIRST ST FT MYERS FL 33901 2285 FIRST ST PP40220A FT MYERS FL 33901 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) Applied For City & State City & State 4. FEI Number 59-1854441 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent · -LIKENS, CHRISTOPHER Street Address (P.O. Box Number is Not Acceptable) 1800 SECOND STREET #919 SARASOTA FL 34236 Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2004 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Detete TITLE Change ☐ Addition KOCH, GINGER NAME NAME 241 SE 20TH COURT STREET ADDRESS STREET ADDRESS CAPE CORAL FL 33990 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE BUMGARNER, ROGER PO BOX 34266 STREET ADDRESS STREET ADDRESS ARCADIA FL 34266 CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE Addition LIKENS, CHRISTOPHER NAME NAME 1800 SECOND STREET, SUITE 919 STREET ADDRESS STREET ADDRESS SARASOTA FL 34236 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition LOUDENBACK, DIXIE NAME NAME 8795 BANYON COVE CIRLCE STREET ADDRESS STREET ADDRESS FORT MYERS FL 33919 CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change X Addition TITLE TITLE STEPHENS, VERA NAME NAME Wight, Lois 3204 C STREET STREET ADDRESS STREET ADDRESS 7419 Oak Point Drive FORT MYERS FL 33916 CITY-ST-ZIP CITY-ST-ZIP PFt. Ogden, FL 34267 X Delete TITLE ☐ Change X Addition TITLE MANNING, NAOMI NAME NAME Fallert, Helen 3283 ELKCAM BLVD STREET ADDRESS STREET ADDRESS 5573 Buring Court PORT CHARLOTTE FL 33952 CITY-ST-ZIP CITY-ST-ZIP Fort Myers, FL 33919 12. 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 report or supplemental 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 10 or Block 11 if

2/12/04

Daylime Phone #

FILED