


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 06, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90078 009 \*\*\*\*70.00

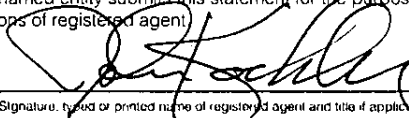
<b>DOCUMENT # 744232</b>			
1. Entity Name <b>AREA AGENCY ON AGING FOR SOUTHWEST FLORIDA, INC.</b>			
Principal Place of Business <b>2285 FIRST ST FT MYERS FL 33901 US</b>		Mailing Address <b>2285 FIRST ST FT MYERS FL 33901 US</b>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/05)

4. FEI Number <b>59-1854441</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent <b>BUMGARNER, ROGER 1167 LOUIS DRIVE ARCADIA FL 34266</b>		7. Name and Address of New Registered Agent	
		Name <b>KOEHLER, John</b>	
		Street Address (P.O. Box Number is Not Acceptable) <b>2875 Palm Beach Blvd. C-601</b>	
		City <b>Fort Myers</b> <b>FL</b> Zip Code <b>33916</b>	

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  DATE **1/26/06**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KOCH, GINGER</b> <b>241 SE 20TH COURT</b> <b>CAPE CORAL FL 33990</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BUMGARNER, ROGER</b> <b>PO BOX 34266</b> <b>ARCADIA FL 34266</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DRYBROUGH, Rosemary</b> <b>1730 Starling Drive</b> <b>Sarasota, FL 34231</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>KOEHLER, JOHN</b> <b>2875 PALM BEACH BOULEVARD C-601</b> <b>FORT MYERS FL 33916</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>KOEHLER, John</b> <b>2875 Palm Beach Boulevard C-601</b> <b>Fort Myers, FL 33916</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LOUDENBACK, DIXIE</b> <b>8795 BANYON COVE CIRLCE</b> <b>FORT MYERS FL 33919</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>WIGHT, LOIS</b> <b>7419 OAK POINT DR.</b> <b>FORT OGDEN FL 34267</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>HALLENBECK, Karen</b> <b>23201 Hemenway Avenue</b> <b>Port Charlotte, FL 33983</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FALLERT, HELEN</b> <b>5573 BURING COURT</b> <b>FORT MYERS FL 33919</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: **1/26/06**