2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2007 8:00 am
Secretary of State
02-16-2007 90043 011 ****70.00

DOCUMENT # 744232

1. Entity 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

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BUMGARNER, ROGER
1167 LOUIS DRIVE
ARCADIA FL 34266

7. Name and Address of New Registered Agent

Name: John Koehler
Street Address (P.O. Box Number is Not Acceptable): 2285 First Street
City: Fort Myers **FL** Zip Code: 33901

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 _____ John Koehler, President 2/2/07
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
Due By May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KOCH, GINGER 241 SE 20TH COURT CAPE CORAL FL 33990	☒ Delete	D JOHNSON, Robert 14517 Aeries Way Drive Fort Myers, FL 33912	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DRYBROUGH, ROSEMARY 1730 STARLING DR SARASOTA FL 34231	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P KOEHLER, JOHN 2875 PALM BEACH BOULEVARD C-601 FORT MYERS FL 33916	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HALLENBECK, KAREN 23201 HEMENWAY AVE PUNTA GORDA FL 33983	☐ Delete	S HALLENBECK, Karen 23201 Hemenway Avenue Punta Gorda, FL 33983	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FALLERT, HELEN 5573 BURING COURT FORT MYERS FL 33919	☒ Delete	T MANNING, Naomi 3283 Elkcam Boulevard Port Charlotte, FL 33983	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ 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: _____ John Koehler, President 2/2/07 239 332-4233
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #