2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2009
Secretary of State

DOCUMENT# 744232

Entity Name: AREA AGENCY ON AGING FOR SOUTHWEST FLORIDA, INC.

Current Principal Place of Business:

2285 FIRST ST
FT MYERS, FL 33901 US

New Principal Place of Business:

Current Mailing Address:

2285 FIRST ST
FT MYERS, FL 33901 US

New Mailing Address:

FEI Number: 59-1854441 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

JOHNSON, ROBERT
2285 FIRST ST
FORT MYERS, FL 33901 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	JOHNSON, ROBERT	
Address:	14517 AERIES WAY DR	
City-St-Zip:	FORT MYERS, FL 33912	
Title:	D	( ) Delete
Name:	NOWAK, LEIGH A	
Address:	1304 ODYSSEY COURT	
City-St-Zip:	PUNTA GORDA, FL 33983	
Title:	P	( ) Delete
Name:	KOEHLER, JOHN	
Address:	2875 PALM BEACH BOULEVARD C-601	
City-St-Zip:	FORT MYERS, FL 33916	
Title:	D	( ) Delete
Name:	HALLENBECK, KAREN	
Address:	23201 HEMENWAY AVE	
City-St-Zip:	PUNTA GORDA, FL 33983	
Title:	T	( ) Delete
Name:	MANNING, NAOMI	
Address:	3283 ELKCAM BLVD	
City-St-Zip:	PUNTA GORDA, FL 33983	
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	T	(X) Change ( ) Addition
Name:	MARSH, JOAN	
Address:	P.O. BOX 538	
City-St-Zip:	LABELLE, FL 33975	
Title:	D	(X) Change ( ) Addition
Name:	MANNING, NAOMI	
Address:	3283 ELKCAM BLVD	
City-St-Zip:	PUNTA GORDA, FL 33983	
Title:	D	( ) Change (X) Addition
Name:	HECKES, HARVEY	
Address:	15000 BRIDGEWAY LANE #201	
City-St-Zip:	FORT MYERS, FL 33919	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN KOHLER D 02/10/2009

Electronic Signature of Signing Officer or Director — Date