2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State
02-24-2003 91124 001 ***122.50

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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

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	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

KOCH, GINGER
241 SE 20TH COURT
CAPE CORAL FL 33990

7. Name and Address of New Registered Agent

Name: LIKENS, CHRISTOPHER
Street Address (P.O. Box Number is Not Acceptable): 1800 Second Street #919
City: Sarasota **FL** Zip Code: 34236

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 _____ Christopher Likens, Board President 1/15/03
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 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	P KOCH, GINGER 241 SE 20TH COURT CAPE CORAL FL 33990	☒ Delete	D KOCH, GINGER 241 SE 20TH COURT CAPE CORAL, FL 33990	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BUMGARNER, ROGER PO BOX 34266 ARCADIA FL 34266	☐ Delete	S LOUDENBACK, DIXIE 8795 BANYON COVE CIRCLE FORT MYERS, FL 33919	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LIKENS, CHRISTOPHER 1800 SECOND STREET, SUITE 919 SARASOTA FL 34236	☐ Delete	P LIKENS, CHRISTOPHER 1800 SECOND STREET, SUITE 919 SARASOTA, FL 34236	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHNAUFER, LAURIE 895 S INDIANA AVE ENGLEWOOD FL 34223	☒ Delete	D MANNING, NAOMI 3283 ELKCAM BOULEVARD PORT CHARLOTTE, FL 33952	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STEPHENS, VERA 3204 C STREET FORT MYERS FL 33916	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (10/02)

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

SIGNATURE: _____ Christopher Likens, President 1/15/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR