

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 726022

1. Corporation Name

WASHINGTON COUNTY COUNCIL ON AGING, INC

Principal Place of Business

1348 SOUTH BLVD.
CHIPLEY FL 32428
US

Mailing Address

1348 SOUTH BLVD
CHIPLEY FL 32428
US

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90109 046 ****61.25



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

04/06/1973

4. FEI Number

59-1485912

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

ENFINGER, MARY EXEC. DIR.
1348 SOUTH BLVD.
CHIPLEY FL 32428

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME SAPP, BONNELL
STREET ADDRESS 2088 KENT RD
CITY-ST-ZIP CHIPLEY FL 32428

TITLE VPD ☐ DELETE

NAME SASSER, WILLIAM
STREET ADDRESS 1017 SUMMITT LANE
CITY-ST-ZIP CHIPLEY FL 32428

TITLE SD ☐ DELETE

NAME FARMER, THELMA
STREET ADDRESS P. O. BOX 415 N/A
CITY-ST-ZIP CHIPLEY FL 32428

TITLE D ☐ DELETE

NAME WILLIAMS, GEORGE
STREET ADDRESS P. O. BOX 94 N/A
CITY-ST-ZIP CHIPLEY FL 32428

TITLE D ☐ DELETE

NAME STEVERSON, CALVIN
STREET ADDRESS 3163 RIVER RD
CITY-ST-ZIP VERNON FL 32462

TITLE D ☐ DELETE

NAME CURTIS, JOHN
STREET ADDRESS 1744 SORRELLS ROAD
CITY-ST-ZIP CHIPLEY FL 32428

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME D
1.3 STREET ADDRESS HENRY DAY
1.4 CITY-ST-ZIP P.O. BOX 16 VERNON, FL. 32462

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME D
2.3 STREET ADDRESS JOHNNY JOHNSON
2.4 CITY-ST-ZIP 4545 HANCOCK CT.
CHIPLEY, FL. 32428

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME D
3.3 STREET ADDRESS IDA MAE COTTON
3.4 CITY-ST-ZIP P.O. BOX 32 CHIPLEY, FL. 32428

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME D
4.3 STREET ADDRESS RUTH WINSTEAD
4.4 CITY-ST-ZIP 830 5th STREET
CHIPLEY, FL. 32428

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME D
5.3 STREET ADDRESS JAMES PATE
5.4 CITY-ST-ZIP 2421 DOTTIE WEST
CHIPLEY, FL. 32428

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME D
6.3 STREET ADDRESS LETTIE BROWN
6.4 CITY-ST-ZIP P.O. BOX 192
CHIPLEY, FL. 32428

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

WASHINGTON COUNTY COUNCIL ON AGING, INC.

1348 South Blvd. • Chipley, FL 32428
Phone (850) 638-6217 • Fax (850) 638-6214

241669-90109-46
726022

CONTINUE LIST OF BOARD OF DIRECTORS:

D

JEANETTE TOWNSEND
P.O. BOX 308
CHIPLEY, FLORIDA 32428

D

JERRY HAVILAND
4680 DOUGLAS FERRY ROAD
CARYVILLE, FLORIDA 32427