

2002 UNIFORM BUSINESS REPORT (UBR)

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

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

7. Name and Address of New Registered Agent

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

Name Ginger Koch

Street Address (P.O. Box Number is Not Acceptable)
241 S.E. 20th Court

City Cape Coral

FL

Zip Code
33990

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.

SIGNATURE

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
P	KOCH, GINGER	241 SE 20TH COURT	CAPE CORAL FL 33990	<input type="checkbox"/>
D	GAMEL, BETTY	330 GOODLETTE ROAD SOUTH	NAPLES FL 34102	<input checked="" type="checkbox"/>
D	LIKENS, CHRISTOPHER	1800 SECOND STREET, SUITE 919	SARASOTA FL 34236	<input type="checkbox"/>
D	SCHNAUFER, LAURIE	895 S INDIANA AVE	ENGLEWOOD FL 34223	<input type="checkbox"/>
D	STEPHENS, VERA	3204 C STREET	FORT MYERS FL 33916	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
	Roger Bumgarner	P.O. Box 1637	Arcadia, FL 34266	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/02



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)

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