

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

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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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

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

TITLE D ☒ Delete
NAME KOCH, GINGER
STREET ADDRESS 241 SE 20TH COURT
CITY-STATE-ZIP CAPE CORAL FL 33990

TITLE D ☐ Delete
NAME DRYBROUGH, ROSEMARY
STREET ADDRESS 1730 STARLING DR
CITY-STATE-ZIP SARASOTA FL 34231

TITLE P ☐ Delete
NAME KOEHLER, JOHN
STREET ADDRESS 2875 PALM BEACH BOULEVARD C-601
CITY-STATE-ZIP FORT MYERS FL 33916

TITLE T ☐ Delete
NAME HALLENBECK, KAREN
STREET ADDRESS 23201 HEMENWAY AVE
CITY-STATE-ZIP PUNTA GORDA FL 33983

TITLE D ☒ Delete
NAME FALLERT, HELEN
STREET ADDRESS 5573 BURING COURT
CITY-STATE-ZIP FORT MYERS FL 33919

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Change ☒ Addition
NAME JOHNSON, Robert
STREET ADDRESS 14517 Aeries Way Drive
CITY-STATE-ZIP Fort Myers, FL 33912

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE S ☒ Change ☐ Addition
NAME HALLENBECK, Karen
STREET ADDRESS 23201 Hemenway Avenue
CITY-STATE-ZIP Punta Gorda, FL 33983

TITLE T ☐ Change ☒ Addition
NAME MANNING, Naomi
STREET ADDRESS 3283 Elkcam Boulevard
CITY-STATE-ZIP Port Charlotte, FL 33983

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Koehler, President

2/2/07

239 332-4233

Date

Daytime Phone #