

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2004 8:00 am
Secretary of State

03-23-2004 90013 050 ****61.25

DOCUMENT # 711091

1. Entity Name
FLORIDA COUNCIL ON AGING, INC.



Principal Place of Business
**1018 THOMASVILLE RD
STE 110
TALLAHASSEE, FL 32303-3236**

Mailing Address
**1018 THOMASVILLE RD
STE 110
TALLAHASSEE, FL 32303-3236**

24027701



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03172004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-6194436

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DUGGAR, MARGARET L
1018 THOMASVILLE RD #110
TALLAHASSEE, FL 32303**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

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 IPPT ☒ Delete
NAME MAXWELL, SUE
STREET ADDRESS PO DRAWER 2218
CITY-ST-ZIP FT. MYERS, FL 33902

TITLE S ☐ Delete
NAME CLARK, JOHN
STREET ADDRESS P.O. BOX 17066
CITY-ST-ZIP PENSACOLA, FL 325227066

TITLE PT ☐ Delete
NAME YATES, GWENDOLYN
STREET ADDRESS 117 W. DUVAL ST.
CITY-ST-ZIP JACKSONVILLE, FL 32202

TITLE T ☒ Delete
NAME GULLEY, SUE
STREET ADDRESS PO BOX 2400
CITY-ST-ZIP LABELLE, FL 339752400

TITLE PET ☐ Delete
NAME ROTHAM, MAX
STREET ADDRESS 3000 NE 151 ST
CITY-ST-ZIP MIAMI, FL 331813000

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE Treas. ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P.P. ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE President ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Sec. ☐ Change ☒ Addition
NAME Janet Crozier
STREET ADDRESS 4800 Deerwood Campus Parkway
CITY-ST-ZIP Jacksonville FL 32246

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:

Margaret Lynn Duggar 3-17-04 850 222 8877

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #