2003 NOT-FOR-PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 721205



FILED Jan 27, 2003 8:00 am Secretary of State

1. Entity Nar	A COUNTY COUNCIL ON AGIN	IG, INC.				01-27-2003 9	90182 009	9 ****70.(00	
Principal Plat 1099 SHADY I KISSIMMEE FI	····	Mailing Address 1099 SHADY LANE KISSIMMEE FL 34744						1 61B// B) 511 416		
2. Principal	Place of Business	3. Mailing Address								
Suite, Apt. #, etc. Su		Suite, Apt. #, etc.	uite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES					
City & State C		City & State	City & State						oplied For ot Applicable	
Zip	Country	Zip	Country	* ******	5. Certificate o	of Status Desired		\$8.75 Add Fee Require		
	6. Name and Address of Current R	egistered Agent	Nama		7. Name and	Address of New F	legistered A	gent		
CUMBIE, FRED 100 CHURCH STREET			L	Street Address (P.O. Box Number is Not Acceptable)						
1	EE FL 34741		<u> </u>				- 			
			City				FL	Zip Cod	e	
	e named entity submits this statement for t tions of registered agent.	the purpose of changing its	registered office of	r registere	d agent, or both	, in the State of Flo	orida. I am f	amiliar with,	and accept	
<u>ا</u>	,								{	
SIGNATURE	Signature, typed or printed name of registered agent and	d title if applicable. (NOTE	: Registered Agent signat	ture required v	when reinstating)		DATE			
	•				=			•		
<u> </u>		- -								
	FILE NOW: FEE IS \$61.25	9. Election Carr Trust Fund Co	npaign Financing ontribution.		\$5.00 May Be Added to Fees			Payable ment of S		
	FILE NOW: FEE IS \$61.25 OFFICERS AND DIRE	Trust Fund Co		<u> </u>	Added to Fees		da Depart	ment of S	State	
10. TITLE	OFFICERS AND DIRE	Trust Fund Co	ontribution. 11. TITLE	<u> </u>	Added to Fees	Florid	da Depart	ment of S	State	
10.	OFFICERS AND DIRE	Trust Fund Co	11. TITLE NAME	<u> </u>	Added to Fees	Florid	da Depart	ment of S	State	
10. TITLE NAME	OFFICERS AND DIRE TD KERSMARKI, MAUREEN 400 CELEBRATION PLACE	Trust Fund Co	ontribution. 11. TITLE	<u> </u>	Added to Fees	Florid	da Depart	ment of S	State	
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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:

1-22-03

407-847-5151