

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722606

FILED
Mar 27, 2009
Secretary of State

Entity Name: COUNCIL ON AGING OF WEST FLORIDA, INC.

Current Principal Place of Business:

875 ROYCE STREET
PENSACOLA, FL 32503 US

New Principal Place of Business:

Current Mailing Address:

875 ROYCE STREET
P.O. BOX 17066
PENSACOLA, FL 325227066 US

New Mailing Address:

FEI Number: 59-1373939

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLARK, JOHN B
875 ROYCE STREET
PENSACOLA, FL 32503 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CLARK, JOHN B
Address: 875 ROYCE STREET
City-St-Zip: PENSACOLA, FL 32503

Title: V () Delete
Name: STRAUGHN, SUE
Address: 4990 MOBILE HWY
City-St-Zip: PENSACOLA, FL 32506

Title: V () Delete
Name: BAILEY, NORA
Address: 902 BLOUNT ST
City-St-Zip: PENSACOLA, FL 32502

Title: V () Delete
Name: USRY, DONA
Address: 6553 TERRASANTA
City-St-Zip: PENSACOLA, FL 32504

Title: T () Delete
Name: MOSLEY, LARRY
Address: 10100 HILLVIEW ROAD
City-St-Zip: PENSACOLA, FL 32514

Title: S () Delete
Name: WU, PC
Address: 3960 POTOSI RD
City-St-Zip: PENSACOLA, FL 32504

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: HOLLEY, JANET
Address: 213 PALAFOX PLACE
City-St-Zip: PENSACOLA, FL 32501

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: SHERMAN, MONICA
Address: 2185 AIRPORT BLVD
City-St-Zip: PENSACOLA, FL 32504

Title: S (X) Change () Addition
Name: STALLWORTH, IRVIN
Address: PO BOX 535
City-St-Zip: CENTURY, FL 32535

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN B CLARK

P

03/27/2009

Electronic Signature of Signing Officer or Director

Date