

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722606

FILED
Feb 08, 2012
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
Name: CLARK, JOHN B
Address: 875 ROYCE STREET
City-St-Zip: PENSACOLA, FL 32503

Title: C
Name: DAVIS, DEEDEE
Address: 1450 TROPICAL FLAMINGO
City-St-Zip: GULF BREEZE, FL 32563

Title: FVC
Name: SJORBERG, CARON
Address: 1110 NORTH PALAFOX ST
City-St-Zip: PENSACOLA, FL 32501

Title: T
Name: MOODY, RAY
Address: 315 SOUTH BAYLEN ST
City-St-Zip: PENSACOLA, FL 32502

Title: S
Name: WU, PC
Address: 3960 POTOSI RD
City-St-Zip: PENSACOLA, FL 32535

Title: SVC
Name: GOODIN, GORDON
Address: 6467 AVENIDA DE GALVEZ
City-St-Zip: NAVARRE, FL 32566

I hereby 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 all other like empowered.

SIGNATURE: JOHN B. CLARK

P

02/08/2012

Electronic Signature of Signing Officer or Director

Date