

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 08:00 AM
Secretary of State

DOCUMENT # 725233
 1. Entity Name
 ST. JOHNS COUNTY COUNCIL ON AGING, INC.



Principal Place of Business Mailing Address
 180 MARINE STREET 180 MARINE STREET
 ST AUGUSTINE, FL 32084 ST AUGUSTINE, FL 32084



02122007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1525829	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 BOLES, JOE
 19 RIBERIA STREET
 SAINT AUGUSTINE, FL 32084

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000648134
 03/06/07-80100-005 61.25

10. OFFICERS AND DIRECTORS

TITLE	FVD
NAME	GESSELLS, JIM
STREET ADDRESS	1005 POPE ROAD
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32084
TITLE	SD
NAME	TANNER, DORIS
STREET ADDRESS	46230 FIRST AVE
CITY-ST-ZIP	ST. AUGUSTINE, FL 32095
TITLE	SVD
NAME	CARMINES, MICHELLE
STREET ADDRESS	168 MARINE ST
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32084
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the recorder 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 an other like empowered.

SIGNATURE: _____ **2-20-07** Date Daytime Phone #