

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725233

FILED  
Apr 07, 2011  
Secretary of State

**Entity Name:** ST. JOHNS COUNTY COUNCIL ON AGING, INC.

**Current Principal Place of Business:**

180 MARINE STREET  
ST AUGUSTINE, FL 32084

**New Principal Place of Business:**

**Current Mailing Address:**

180 MARINE STREET  
ST AUGUSTINE, FL 32084

**New Mailing Address:**

FEI Number: 59-1525829

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

BOLES, JOE  
19 RIBERIA STREET  
SAINT AUGUSTINE, FL 32084 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: FVD  
Name: GESSELLS, JIM  
Address: 1005 POPE ROAD  
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: SD  
Name: TUCKER, LEN  
Address: 223 S. MATANZAS BLVD  
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: SVD  
Name: CARMINES, MICHELLE  
Address: 168 MARINE ST  
City-St-Zip: SAINT AUGUSTINE, FL 32084

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: JOE BOLES

PRES

04/07/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date