

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 726022

**FILED**  
**Feb 15, 2010**  
**Secretary of State**

**Entity Name:** WASHINGTON COUNTY COUNCIL ON AGING, INC

**Current Principal Place of Business:**

1348 SOUTH BLVD.  
CHIPLEY, FL 32428 US

**New Principal Place of Business:**

**Current Mailing Address:**

1348 SOUTH BLVD.  
CHIPLEY, FL 32428 US

**New Mailing Address:**

**FEI Number:** 59-1485912

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ENFINGER, MARY EXEC. DIR.  
1348 SOUTH BLVD.  
CHIPLEY, FL 32428 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: PD  
Name: CAMPBELL, JERRY  
Address: 844 3RD STREET  
City-St-Zip: CHIPLEY, FL 32428

Title: VPD  
Name: WILLIAMS, GEORGE  
Address: P.O. BOX 94  
City-St-Zip: CHIPLEY, FL 32428

Title: D  
Name: SOLGERS, JUDY  
Address: 1135 ORANGE HILL ROAD  
City-St-Zip: CHIPLEY, FL 32428

Title: D  
Name: RAY, MARLENE  
Address: 819 3RD STREET  
City-St-Zip: CHIPLEY, FL 32428

Title: S  
Name: TOOLE, SANDRA  
Address: 1375 RUDD ROAD  
City-St-Zip: COTTONDALE, FL 32431

Title: D  
Name: STUKEY, JANICE  
Address: 1595 NEARING HILLS CIRCLE  
City-St-Zip: CHIPLEY, FL 32428

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: MARY ENFINGER

ED

02/15/2010

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

\_\_\_\_\_  
Date