

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. McMath
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 14 AM 9:59

DOCUMENT # 729577 (7)

1. Corporation Name

SANTA ROSA COUNTY COUNCIL ON AGING, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/25/1974	3a. Date of Last Report 04/20/1994
4. FEI Number 59-1545316	Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☒	\$0.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

Principal Place of Business		Mailing Address	
609 ALABAMA ST. MILTON FL 32570		609 ALABAMA ST. MILTON FL 32570	
2. Principal Place of Business	2a. Mailing Address		
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.		
22 City & State	27 City & State		
23 Zip	28 Zip	29 Country	30 Country

9. Name and Address of Current Registered Agent

**ANDREWS, ROY V
124 WILLING STREET SE
MILTON, FL
32570**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVP	1.1 TITLE	P
NAME	PENTON, TROY	1.2 NAME	PENTON, TROY
STREET ADDRESS	PO BOX 146 NA	1.3 STREET ADDRESS	PO BOX 146 NA
CITY - ST - ZIP	JAY FL	1.4 CITY - ST - ZIP	Jay Florida 32565
TITLE	DT	2.1 TITLE	DS
NAME	OTIS, BEN	2.2 NAME	OTIS, BEN
STREET ADDRESS	4960 CREEKSIDE LN	2.3 STREET ADDRESS	4960 Creekside Lane
CITY - ST - ZIP	MILTON FL	2.4 CITY - ST - ZIP	Milton, Florida 32570
TITLE	D	3.1 TITLE	D
NAME	WALT HARLEY	3.2 NAME	Walt Harley
STREET ADDRESS	3537 BOB TOLBERT RD	3.3 STREET ADDRESS	3537 Bob Tolbert Road
CITY - ST - ZIP	NAVARRE FL	3.4 CITY - ST - ZIP	Navarre Florida 32566
TITLE	D	4.1 TITLE	D
NAME	GOODRICH, EDITH	4.2 NAME	Goodrich, Edith
STREET ADDRESS	9 HAPPY LANE	4.3 STREET ADDRESS	9 Happy Lane
CITY - ST - ZIP	NAVARRE FL	4.4 CITY - ST - ZIP	Milton, Florida 32570
TITLE	D	5.1 TITLE	D
NAME	NYE JOHN	5.2 NAME	DEWITT NOBLES
STREET ADDRESS	2809 WHISPER PINE DR.	5.3 STREET ADDRESS	101 CEDAR STREET
CITY - ST - ZIP	GULF BREEZE FL	5.4 CITY - ST - ZIP	MILTON, FLORIDA 32570
TITLE	DS	6.1 TITLE	DS
NAME	GARDNER, BEA	6.2 NAME	Nye, John
STREET ADDRESS	121 OVERLOOK CIR	6.3 STREET ADDRESS	2809 Whisper Pine Drive
CITY - ST - ZIP	PACE FL	6.4 CITY - ST - ZIP	Gulf Breeze, FL 32561

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 receiver or trustee empowered to execute this report as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 or Block 13, typed, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-27-95

(Date)

675-4122

(Daytime Phone #)