

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 729577 (7)

1. Corporation Name

SANTA ROSA COUNTY COUNCIL ON AGING, INC.

Principal Place of Business

609 ALABAMA ST.
MILTON FL 32570

Mailing Address

609 ALABAMA ST.
MILTON FL 32570



3. Date Incorporated or Qualified
04/25/1974

3a. Date of Last Report
04/14/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number
59-1545316

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

300001863129

83

-06/17/96--01020--003

84 City

***70.00

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE
NAME PENTON, TROY
STREET ADDRESS 304 Escambia Ave.
CITY-ST-ZIP JAY FL

TITLE DS ☒ DELETE
NAME OTIS, BEN
STREET ADDRESS 4900 GREEKSIDE LN
CITY-ST-ZIP MILTON FL

TITLE D ☐ DELETE
NAME WALT HARLEY
STREET ADDRESS 3537 BOB TOLBERT RD
CITY-ST-ZIP NAVARRE FL

TITLE D ☐ DELETE
NAME GOODRICH, EDITH
STREET ADDRESS 9 HAPPY LANE
CITY-ST-ZIP NAVARRE FL

TITLE D ☐ DELETE
NAME NOBLE, DEWITT
STREET ADDRESS 101 CEDAR STREET
CITY-ST-ZIP MILTON FL

TITLE DS ☐ DELETE
NAME NYE, JOHN
STREET ADDRESS 2809 WHISPER PINE DRIVE
CITY-ST-ZIP GULF BREEZE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Vice Chairman ☐ Change ☒ Addition
1.2 NAME WILLIAMS, Junius
1.3 STREET ADDRESS 6237 GLENDALE DRIVE
1.4 CITY-ST-ZIP MILTON, FL

2.1 TITLE D ☐ Change ☒ Addition
2.2 NAME JERNIGAN, SUE
2.3 STREET ADDRESS 2311 HAMILTON BRIDGE RD.
2.4 CITY-ST-ZIP MILTON, FL

3.1 TITLE D ☐ Change ☒ Addition
3.2 NAME WESTMORELAND, JOE
3.3 STREET ADDRESS 3949 Hwy. 4 East
3.4 CITY-ST-ZIP JAY, FL

4.1 TITLE D ☐ Change ☒ Addition
4.2 NAME BURKE, ANNA
4.3 STREET ADDRESS 5426 Doris St.
4.4 CITY-ST-ZIP BAGDAD, FL

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME BOND, DWAYNE
5.3 STREET ADDRESS 186 CINDY LANE
5.4 CITY-ST-ZIP MILTON, FL

6.1 TITLE D ☐ Change ☒ Addition
6.2 NAME WARD, JAMES
6.3 STREET ADDRESS 9650 HWY. 89
6.4 CITY-ST-ZIP JAY, FL

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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

Troy Penton, Chairman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/17/96

Date

(904) 675-4122

Daytime Phone #

CR2E037 (12/95)