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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 729577

1. Corporation Name

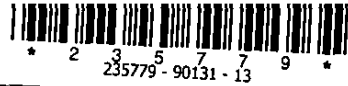
SANTA ROSA COUNTY COUNCIL ON AGING, INC.

Principal Place of Business

**404 MUNSON HWY
MILTON FL 32570
US**

Mailing Address

**404 MUNSON HWY
MILTON FL 32570
US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		04/25/1974	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1545316	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country	
24		29		30	

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 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PENTON, TROY	1.2 NAME	
STREET ADDRESS	P.O. BOX 146 N/A	1.3 STREET ADDRESS	
CITY-ST-ZIP	JAY FL	1.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NYE, JOHN	2.2 NAME	
STREET ADDRESS	2809 WHISPER PINE DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	GULF BREEZE FL 32561	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOBLE, DEWITT	3.2 NAME	
STREET ADDRESS	101 CEDAR STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	MILTON FL	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WESTMORELAND, JOE	4.2 NAME	
STREET ADDRESS	P.O. BOX 134 N/A	4.3 STREET ADDRESS	
CITY-ST-ZIP	JAY FL 32656	4.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARD, JAMES	5.2 NAME	
STREET ADDRESS	9650 HWY 90	5.3 STREET ADDRESS	
CITY-ST-ZIP	JAY FL 32565	5.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEWITT, NOBLES	6.2 NAME	
STREET ADDRESS	101 CEDAR ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	MILTON FL 32570	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

John Nye, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-99

Date

(850)623-0467

Daytime Phone #

CR29037 (11/98)

23579-90131-13

**SANTA ROSA COUNTY COUNCIL ON AGING, INC.
BOARD OF DIRECTORS - 1999**

John Nye (P)
2809 Whisper Pine Drive
Gulf Breeze, Florida 32561

Virginia Ann Bowman (D)
5108 Holcomb Road
Milton, Florida 32583

Jewell Miller (V/P)
6274 Greenwood Drive
Milton, Florida 32570

James Ward (T)
9650 Highway 89
Jay, Florida 32565

Dewitt Nobles (S)
101 Cedar Street
Milton, Florida 32570

Troy Penton (D)
Post Office Box 146
Jay, Florida 32565

Jim Williamson (D)
4351 Berryhill road
Pace, Florida 32571

William Lundin (D)
6880 Summit Drive
Milton, Florida 32570

Hilda McDonald (D)
207 Elmira Street
Milton, Florida 32570

Larry Brewton (D)
6150 Katrine Drive
Milton, Florida 32570

Jone Prewitt (D)
2747 Terry Cove Drive
Milton, Florida 32583