FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAR 23 PM 5:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800001442688
-03/29/95--01048--007
****130.00 *****60.00
DO NOT WRITE IN THIS SPACE

DOCUMENT # 752810 (2)

1. Corporation Name
CHARLOTTE COUNTY COUNCIL ON AGING, INC.

Principal Place of Business	Mailing Address
2219 ELMIRA BLVD SUITE 2 PORT CHARLOTTE FL 33952 US	3198 ELMIRA BLVD STE. I PORT CHAROLOTTE FL 33952 US

3. Date Incorporated or Qualified: 06/05/1980
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2029676 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 22119 Elmira Blvd.	26 22119 Elmira Blvd
Suite, Apt. #, etc. 22 Suite 2	Suite, Apt. #, etc. 27 Suite 2
City & State 23 Port Charlotte, FL	City & State 28 Port Charlotte, FL
Zip / Country 24 33952 / 25 US	Zip / Country 29 33952 / 30 US

5. Certificate of Status Desired ☑ — $8.75 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LYNCH, ROBERT 245 LIDO DR PUNTA GORDA FL 33950	81 Name: Robert Lynch 82 Street Address (P.O. Box Number is Not Acceptable): 245 Lido Drive 83 84 City: Punta Gorda FL 85 Zip Code: 33950

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	LYNCH, ROBERT	12 NAME	N/A
STREET ADDRESS	245 LIDO DR	13 STREET ADDRESS	800001442688
CITY-ST-ZIP	PUNTA GORDA FL	14 CITY-ST-ZIP	-03/29/95--01048--008 *****10.00 *****10.00
TITLE	VD	21 TITLE	☒ Change ☐ Addition
NAME	BOYETTE, LINDA	22 NAME	1VP Jack Lotz
STREET ADDRESS	21260 OLEAN BLVD	23 STREET ADDRESS	222 Brown St.
CITY-ST-ZIP	PORT CHROLOTTE FL	24 CITY-ST-ZIP	~~Punta Gorda, FL 33950~~
TITLE	VD	31 TITLE	2VP ☒ Change ☐ Addition
NAME	HUYKE-GARNER, LUCY	32 NAME	Neal Owens
STREET ADDRESS	3300 TAMIAMI TR	33 STREET ADDRESS	160 Palmetto Circle
CITY-ST-ZIP	PORT CHAROLOTTE FL	34 CITY-ST-ZIP	Port Charlotte, FL 33952
TITLE	STD	41 TITLE	S/D ☒ Change ☐ Addition
NAME	OWENS, R. N	42 NAME	Deborah Snyder
STREET ADDRESS	160 PALMETTO CIR	43 STREET ADDRESS	949 Tamiami Trail
CITY-ST-ZIP	PORT CHARLOTTE FL	44 CITY-ST-ZIP	Port Charlotte, FL 33953
TITLE		51 TITLE	T/D ☐ Change ☒ Addition
NAME		52 NAME	Stephen Cammick
STREET ADDRESS		53 STREET ADDRESS	22107 Elmira Blvd
CITY-ST-ZIP		54 CITY-ST-ZIP	Port Charlotte, FL 33952
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	3/29/95 MST
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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)(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.

SIGNATURE: Jeanne M. Sweeney 2-28-95 627-2177
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Robert Lynch

0081220