

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 # 752810 (2)

1. Corporation Name

CHARLOTTE COUNTY COUNCIL ON AGING, INC.



Principal Place of Business

Mailing Address

22219 ELMIRA BLVD.
SUITE 2
PORT CHARLOTTE FL 33952
US

22219 ELMIRA BLVD.
SUITE 2
PORT CHARLOTTE FL 33952
US

3. Date Incorporated or Qualified
06/05/1980

3a. Date of Last Report
03/23/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

4. FEI Number

59-2029676

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

LYNCH, ROBERT
245 LIDO DRIVE
PUNTA GORDA FL 33950

81 Name

CAMMICK, STEPHEN

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

22107 ELMIRA BLVD.

83

84 City

PORT CHARLOTTE

FL

85 Zip Code

33952

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	PD	<input type="checkbox"/> DELETE
NAME	LYNCH, ROBERT	
STREET ADDRESS	245 LIDO DR	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	1-VP	<input checked="" type="checkbox"/> DELETE
NAME	LOTZ, JACK	
STREET ADDRESS	22 BROWN STREETD	
CITY-ST-ZIP	PUNTA GORDATTE FL 33950	
TITLE	2-VP	<input checked="" type="checkbox"/> DELETE
NAME	OWENS, NEAL	
STREET ADDRESS	160 PALMETTO CIRCLE	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SNYDER, DEBORAH	
STREET ADDRESS	949 TAMiami TRAIL	
CITY-ST-ZIP	PORT CHARLOTTE FL 33953	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CAMMICK, STEPHEN	
STREET ADDRESS	22107 ELMIRA BLVD.	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CAMMICK, STEPHEN	
1.3 STREET ADDRESS	22107 ELMIRA BLVD.	
1.4 CITY-ST-ZIP	PORT CHARLOTTE, FL 33952	
2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	LINDA BOYETTE	
2.3 STREET ADDRESS	21260 OLEAN BLVD.	
2.4 CITY-ST-ZIP	PORT CHARLOTTE, FL 33952	
3.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	KEITH AUSTIN	
3.3 STREET ADDRESS	24164 HARBORVIEW ROAD	
3.4 CITY-ST-ZIP	CHARLOTTE HARBOR, 33980	
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	LYNCH, ROBERT	
4.3 STREET ADDRESS	245 LIDO DR	
4.4 CITY-ST-ZIP	PUNTA GORDA, FL	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)