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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # 752810

1. Corporation Name

CHARLOTTE COUNTY COUNCIL ON AGING, INC.

Principal Place of Business

22119 ELMIRA BLVD.
SUITE 2
PORT CHARLOTTE FL 33952
US

Mailing Address

22119 ELMIRA BLVD.
SUITE 2
PORT CHARLOTTE FL 33952
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

06/05/1980

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

9. Name and Address of Current Registered Agent

WEST, GALE
22119 ELMIRA BLVD.
SUITE 2
PORT CHARLOTTE FL 33952

10. Name and Address of New Registered Agent

81 Name

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

4810 Deltona Ave.

83

84 City

Punta Gorda

FL

85

Zip Code
33950

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

TITLE VDTR ☒ DELETE

NAME BALA, BRENDA
STREET ADDRESS 22119 ELMIRA BLVD., SUITE 2
CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE TDTR ☒ DELETE

NAME WEST, GALE
STREET ADDRESS 4810 DELTONA AVENUE
CITY-ST-ZIP PUNTA GORDA FL 33950

TITLE SDTR ☒ DELETE

NAME OWENS, R. NEAL
STREET ADDRESS 2305 AARON ST., UNIT 319-E
CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE DTR ☒ DELETE

NAME DEVER, ANN
STREET ADDRESS 300 CORAL CREEK DRIVE
CITY-ST-ZIP CAPE HAZE FL 33946

TITLE DTR ☒ DELETE

NAME EHRENFELD, JAN
STREET ADDRESS 2885 TAMiami TRAIL
CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE SD ☒ DELETE

NAME SNYDER, DEBORAH
STREET ADDRESS 949 TAMiami TRAIL
CITY-ST-ZIP PORT CHARLOTTE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/Tr ☒ Change ☐ Addition

1.2 NAME JAN EHRENFELD
1.3 STREET ADDRESS 2885 TAMiami TRAIL
1.4 CITY-ST-ZIP PORT CHARLOTTE, FL 33952

2.1 TITLE V/Tr ☒ Change ☐ Addition

2.2 NAME R. NEAL OWENS
2.3 STREET ADDRESS 2305 Aaron st. #319
2.4 CITY-ST-ZIP PORT CHARLOTTE, FL 33952

3.1 TITLE T/Tr ☒ Change ☐ Addition

3.2 NAME GALE WEST
3.3 STREET ADDRESS 4810 DELTONA AVE.
3.4 CITY-ST-ZIP PUNTA GORDA, FL 33950

4.1 TITLE S/Tr ☒ Change ☐ Addition

4.2 NAME BETTY SULFRIDGE
4.3 STREET ADDRESS 25188 MARION AVE., A-108
4.4 CITY-ST-ZIP PUNTA GORDA, FL 33950

5.1 TITLE Tr ☒ Change ☐ Addition

5.2 NAME DEBORAH SNYDER
5.3 STREET ADDRESS 23033 WESTCHESTER BLVD.
5.4 CITY-ST-ZIP PORT CHARLOTTE, FL 33980

6.1 TITLE Tr ☒ Change ☐ Addition

6.2 NAME BRENDA BALA
6.3 STREET ADDRESS 18501 MURDOCK CIR.
6.4 CITY-ST-ZIP PORT CHARLOTTE FL 33948

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:

Jan Ehrenfeld Jan Ehrenfeld

Date

1/6/99

941-629-4801

Daytime Phone

CR2E037 (1/98)