

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90156 002 ****70.00

DOCUMENT # 752810

1. Entity Name

CHARLOTTE COUNTY COUNCIL ON AGING, INC.

Principal Place of Business

Mailing Address

**3456 DEPEW AVENUE
PORT CHARLOTTE FL 33952
US**

**3456 DEPEW AVENUE
PORT CHARLOTTE FL 33952
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2029676**

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WEST, GALE
3456 DEPEW AVENUE
PORT CHARLOTTE FL 33952**

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TR** ☒ Delete
NAME **EHRENFELD, JAN**
STREET ADDRESS **17331 LAKE WORTH AVE**
CITY-ST-ZIP **PORT CHARLOTTE FL 33948**

TITLE **TR/T** ☐ Change ☒ Addition
NAME **PATRICK HUSSEY**
STREET ADDRESS **23033 WESTCHESTER BLVD.**
CITY-ST-ZIP **PORT CHARLOTTE, FL 33980**

TITLE **VTR** ☒ Delete
NAME **OWENS, R NEAL**
STREET ADDRESS **2305 AARIB ST #319**
CITY-ST-ZIP **PORT CHARLOTTE FL 33952**

TITLE **TR/S** ☐ Change ☒ Addition
NAME **NAOMI MANNING**
STREET ADDRESS **3283 ELCAM BLVD.**
CITY-ST-ZIP **PORT CHARLOTTE, FL 33952**

TITLE **TTR** ☐ Delete
NAME **WEST, GALE**
STREET ADDRESS **4810 DELTONA AVE**
CITY-ST-ZIP **PUNTA GORDA FL 33950**

TITLE **TR** ☒ Change ☐ Addition
NAME **WEST, GALE**
STREET ADDRESS **1100 TAMiami TRAIL**
CITY-ST-ZIP **PORT CHARLOTTE, FL 33953**

TITLE **ST** ☐ Delete
NAME **SULFRIDGE, BETTY**
STREET ADDRESS **25188 MARION AVE A108**
CITY-ST-ZIP **PUNTA GORDA FL 33950**

TITLE **PT** ☒ Change ☐ Addition
NAME **SULFRIDGE, BETTY**
STREET ADDRESS **25118 MARION AVE. A108**
CITY-ST-ZIP **PUNTA GORDA, FL 33950**

TITLE **PTR** ☐ Delete
NAME **HARRINGTON, DEBORAH**
STREET ADDRESS **23033 WESTCHESTER BLVD**
CITY-ST-ZIP **PORT CHARLOTTE FL 33980**

TITLE **TR** ☒ Change ☐ Addition
NAME **HARRINGTON, DEBORAH**
STREET ADDRESS **315 GRACE STREET**
CITY-ST-ZIP **PUNTA GORDA, FL 33950**

TITLE **TR** ☒ Delete
NAME **BALA, BRENDA**
STREET ADDRESS **18501 MURDOCK CIRCLE**
CITY-ST-ZIP **PORT CHARLOTTE FL 33948**

TITLE **TR/V** ☐ Change ☒ Addition
NAME **LOUISE CONN**
STREET ADDRESS **2100 SE 11th. TERRACE**
CITY-ST-ZIP **CAPE CORAL, FL 33990**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Betty L. Sulfridge
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Betty L. Sulfridge 03/33/02 (941) 575-2811

Date

Daytime Phone #

CR2E037 (9/01)

0047395

615599
Attachment & Det# 752810

Continuation of Block	# 11 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TR ANE SWING 24010 HARBORVIEW RD. PORT CHARLOTTE, FL 33980
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TR HELEN ROSEN 25541 COLON DRIVE PORT CHARLOTTE, FL 33983
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TR WILLIAM WELLS 3495 PINETREE STREET PORT CHARLOTTE, FL 33952
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TR JANET WALKER 21298 OLEAN BLVD. PORT CHARLOTTE, FL 33952
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TR PAT GARRITON 3195 TAMiami RAIL PORT CHARLOTTE, FL 33952
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TR IRENE BRZOZOWSKI 19171 WATERBURY CT PORT CHARLOTTE, FL 33952
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TR THE REV. BOB CARLSON 21298 OLEAN BLVD. PORT CHARLOTTE, FL 33952
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TR NANCY REYES 114 CAPATOLA STREET PORT CHARLOTTE, FL 33983
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TR CAROL GARNER 23170 HARBORVIEW RD. PORT CHARLOTTE, FL 33980