

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752810

FILED  
Jan 24, 2007  
Secretary of State

**Entity Name:** CHARLOTTE COUNTY COUNCIL ON AGING, INC.

**Current Principal Place of Business:**

3456 DEPEW AVENUE  
PORT CHARLOTTE, FL 33952 US

**New Principal Place of Business:**

**Current Mailing Address:**

3456 DEPEW AVENUE  
PORT CHARLOTTE, FL 33952 US

**New Mailing Address:**

**FEI Number:** 59-2029676      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CARLSON, ROBERT W  
21298 OLEAN BLVD  
PORT CHARLOTTE, FL 33952 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: TV ( ) Delete  
Name: GOSS, LAURA  
Address: 2459 CONWAY BLVD  
City-St-Zip: PORT CHARLOTTE, FL 33952 US

Title: TT ( ) Delete  
Name: GARRITON, PATRICIA  
Address: PO BOX 380817  
City-St-Zip: MURDOCK, FL 33938

Title: TP ( ) Delete  
Name: CARLSON, ROBERT W  
Address: 21298 OLEAN BLVD  
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: TS ( ) Delete  
Name: MILLER, PATRICIA  
Address: 1009 LUCIA DRIVE  
City-St-Zip: PUNTA GORDA, FL 33950

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TT (X) Change ( ) Addition  
Name: GASPARINI, JEFF  
Address: 6210 SCOTT ST #114  
City-St-Zip: PUNTA GORDA, FL 33950

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TS (X) Change ( ) Addition  
Name: MANNING, NAOMI  
Address: 3283 ELKAM BLVD  
City-St-Zip: PORT CHARLOTTE, FL 33952

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT W. CARLSON

TP

01/24/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date