

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

0062024

**DOCUMENT # 752810**

1. Entity Name

**CHARLOTTE COUNTY COUNCIL ON AGING, INC.**



Principal Place of Business

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

Mailing Address

**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

☐ CHECK HERE IF MAKING CHANGES

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

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

7. Name and Address of New Registered Agent

Name

**WEST, GALE**

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

**1100 TAMiami TRAIL**

**PORT CHARLOTTE, FL 33953**

City

**PORT CHARLOTTE**

FL

Zip Code

**33953**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **TRT** ☐ Delete  
NAME **HUSSEY, PATRICK**  
STREET ADDRESS **23033 WESTCHESTER BLVD**  
CITY-ST-ZIP **PORT CHARLOTTE FL 33980**

TITLE **TRS** ☐ Delete  
NAME **MANNING, NAOMI**  
STREET ADDRESS **3283 ELCAM.BLVD**  
CITY-ST-ZIP **PORT CHARLOTTE FL 33952**

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

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

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

TITLE **TRV** ☒ Delete  
NAME **CONTI, LOUISE**  
STREET ADDRESS **2100 SE 11TH TERRACE**  
CITY-ST-ZIP **CAPE CORAL FL 33990**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **T/T** ☐ Change ☒ Addition  
NAME **PAT GARRITON**  
STREET ADDRESS **2450 TAMiami TRAIL**  
CITY-ST-ZIP **PORT CHARLOTTE, FL 33952**

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:

*[Handwritten Signature]*

CR2E037 (10/02)

## ATTACHMENT

Doc # 752810 / 10045690

10.	OFFICERS AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ASHLEY, TERI 1700 EDUCATION AVE. PUNTA GORDA, FL 33950
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T IRENE BRZOZOWSKI 19171 WATERBURY CT PORT CHARLOTTE, FL 33948
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BOB CARLSON 21298 OLEAN BLVD PORT CHARLOTTE, FL 33952
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STEPHEN CAMMICK 22119 ELMIRA BLVD. PORT CHARLOTTE, FL 33952
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CARO; GARNER 23170 HARBORVIEW RD. PORT CHARLOTTE, FL 33980
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JANET WALKER 21298 OLEAN BLVD. PORT CHARLOTTE, FL 33952
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TERESA SCHLEIFER 2000 RIO DE JANEIRO AVE. PORT CHARLOTTE, FL 33983
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