

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18560

FILED  
Feb 08, 2012  
Secretary of State

**Entity Name:** COUNCIL ON AGING FOUNDATION OF WEST FLORIDA, INC.

**Current Principal Place of Business:**

875 ROYCE STREET  
PENSACOLA, FL 325032461 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 17066  
PENSACOLA, FL 325227066 US

**New Mailing Address:**

**FEI Number:** 59-2864564

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CLARK, JOHN B  
875 ROYCE STREET  
PENSACOLA, FL 32503 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: P  
Name: CLARK, JOHN B  
Address: 875 ROYCE STREET  
City-St-Zip: PENSACOLA, FL 32503 US

Title: C  
Name: DAVIS, DEEDEE  
Address: 1450 TROPICAL FLAMINGO  
City-St-Zip: GULF BREEZE, FL 32563 US

Title: FVC  
Name: SJORBERG, CARON  
Address: 1110 NORTH PALAFOX  
City-St-Zip: PENSACOLA, FL 32501 US

Title: T  
Name: MOODY, RAY  
Address: 315 SOUTH BAYLEN  
City-St-Zip: PENSACOLA, FL 32502 US

Title: S  
Name: WU, PC  
Address: 3960 POTOSI RD  
City-St-Zip: PENSACOLA, FL 32504 US

Title: SVC  
Name: GOODIN, GORDON  
Address: 6467 AVENIDA DE GALVEZ  
City-St-Zip: NAVARRE, FL 32566

I hereby 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 all other like empowered.

SIGNATURE: JOHN B CLARK

P

02/08/2012

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

\_\_\_\_\_  
Date