FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -8 PM 3:41

DOCUMENT # N21143 (5)

1. Corporation Name

AGE LINK OF LEE COUNTY, INC.

Principal Place of Business	Mailing Address
6309 CORPORATE CT. STE E FT. MYERS FL 33919	6309 CORPORATE CT. STE E FT. MYERS FL 33919

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/15/1987
3a. Date of Last Report: 04/13/1994
4. FEI Number: 59-2839621 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 7275 Concourse Drive	26 7275 Concourse Drive
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Ft. Myers, FL	City & State 28 Ft. Myers, FL
Zip / Country 24 33908 / 25	Zip / Country 29 33908 / 30

9. Name and Address of Current Registered Agent

KIEFERT, MARY
~~4350 FOWLER ST~~
~~62~~
~~FT MYERS FL 33902~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 6361 Presidential Court, Suite B
83
84 City Ft. Myers FL 85 Zip Code 33919

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Mary Kiefert (Mary Kiefert, treasurer) 3/8/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	☒ Change ☐ Addition
NAME	DONLIN, MARION A.	1.2 NAME	
STREET ADDRESS	~~2770 CLEVELAND AVENUE~~	1.3 STREET ADDRESS	13870 Lake Candlewood Drive
CITY-ST-ZIP	FT. MYERS FL	1.4 CITY-ST-ZIP	Ft. Myers, FL 33908
TITLE	P	2.1 TITLE	☐ Change ☐ Addition
NAME	HIGGINS, FRANK	2.2 NAME	
STREET ADDRESS	1830 MARAVILLA, APT 404	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	LUISZER, MAUREEN	3.2 NAME	
STREET ADDRESS	2525 E. FIRST ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	☒ Change ☐ Addition
NAME	KIEFERT, MARY	4.2 NAME	
STREET ADDRESS	~~4050 FOWLER ST #2~~	4.3 STREET ADDRESS	6361 Presidential Court, Suite B
CITY-ST-ZIP	FT MYERS FL	4.4 CITY-ST-ZIP	Ft. Myers, FL 33919
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	KAINRAD, DAVID	5.2 NAME	
STREET ADDRESS	2665 ORTIZ EXTENTION	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Mary Kiefert (Mary Kiefert) 3/13/95 813-433-3900
SIGNATURE AND TYPED OR PRINTED NAME OF INCOMING OFFICER OR DIRECTOR Date Daytime Phone #

0018450