## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # N21143

1. Corporation Name

(5)

AGE LINK OF LEE COUNTY, INC.

Principal Place of Business Mailing Address				(1881119		
7275 CONCOU	rse drive	7275 CONCOURSE DRIVE	:			
FT. MYERS FL 33908		FT. MYERS FL 33908	:			
US		US		3. Date Incorporated or Qualified 06/15/1987	3a. Date of Last Report 03/08/1995	
2. Principal Plac	ce of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		59-2839621	Not Applicable	
Suite, Apt. #	, etc.	Suite, Apt. #, etc.	!	5. Certificate of Status Desired	S8.75 Additional Fee Required	
22		27 Ch. 8 Chata		6. Election Campaign Financing	\$5.00 May Be	
City & State		City & State	:	Trust Fund Contribution	Added to Fees	
23 a	Country	Zip	Country	8. This corporation has liability for in	itangible tax under s. 199.032,	
Zip 24	25		io l	Florida Statutes	]Yes □ No	
24	9. Name and Address of Current	1		10. Name and Address of New Re	gistered Agent	
			81 Name	Ray Jackson		
WEERT	444BV		82 Street Acidress P.O. Box Number is Not Acceptable)			
KIEFERT, MARY				1771 Evens Avenue		
69 <del>61 PRESIDENTIAL COUR</del> T			83			
SUITE B			24 66		85 Zip Code	
FT-MYERS FL 33919			84 City	f. myers	FL     3 598/	
11. Pursuant to	the provisions of Sections 617.0502	and 617.1508, Florida Statutes,	the above-named cor	poration submits this statement for the purposed of directors. I hereby accept the appo	pose of changing its registered office	
or registere	ed agent, or both, in the State of Floric h, and accept the obligations of Secti	la. Such change was authorized on 617,0503, Florida Statutes.	by the corporation sit	poard of directors. I hereby accept the appo	and the state of t	
1	Re- Our					
Signatura, riped or printed ripe				pulsed when reinstating)	DATE CERS AND DIRECTORS IN 12	
12.	OFFICERS ANI	D DIRECTORS  DELETE	13.	ADDITIONS/CHANGES TO OFFI	P Ohenge Addition	
TITLE	VP	POETEIE		-85/01/96010	07005	
NAME .	DONLIN, MARION A.	Della P	1.2 NAME	***61.25		
STREET ADDRESS	15870 LAKE CANDLEWOOD I	DRIVE	1.3 STREET ADDRESS			
CITY-ST-ZIP	FT. MYERS FL	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	VP	Change Addition	
TITLE	P	Dotter	22 NAME	•		
NAME	HIGGINS, FRANK		2.3 \$TREET ADDRESS			
STREET ADDRESS	1830 MARAVILLA, APT 404		2.4 CITY-ST-ZIP			
CITY-ST-ZIP	FT. MYERS FL	DELETE	3.1 TITLE	8	☐ Change ☐ Addition	
TITLE	SD MALIDEEN	<u></u>	3.2 NAME	•		
NAME .	LUISZER, MAUREEN 2525 E. FIRST ST.		33 STREET ADDRESS			
STREET ADDRESS	FT. MYERS FL		3.4. CITY-ST-ZIP			
CITY-ST-ZIP TITLE	TD	<b>X</b> DELETE	4.1 TITLE	TReasurer	☐ Change	
NAME	KIEFERT, MARY		4, 2 NAME	RAYMOND JACK	80 M	
	6361 PRESIDENTIAL COURT,	SUITE B	4.3 STREET ADDRESS	1771 Evans Av	enae	
STREET ADDRESS	FT MYERS FL		4.4 CITY-ST-ZIP	FOR MYES, FO	- 3 070 1	
CITY-ST-ZIP TITLE	D D	DELETE	5.1 TITLE	RAYMOND SHERSON	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	11/11/6/10/15	DELETE	61 TITLE	Secretary	☐ Change ☑ Addition	
NAME			6.2 NAME	PATRICIA Church	CO.	
STREET ADDRESS			6.3 STREET ADDRESS	1600 mathew D	22017	
CITY-ST-7IP	· ·		6.4 CITY-ST-ZIP	PATRICIA Church 1400 Mathew D Fort Myers, PL	. 5 070 1	

14. I do hereby certify that the information supplied with this filing is voluntarily turnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 cath; 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:

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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