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1997 APR 29 PM 11: 59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N21143 (5)

1. Corporation Name

AGE LINK OF LEE COUNTY, INC.

Principal Place of Business

Mailing Address

7275 CONCOURSE DRIVE
FT. MYERS FL 33908
US

7275 CONCOURSE DRIVE
FT. MYERS FL 33908-2644
US



3. Date Incorporated or Qualified
06/15/1987

3a. Date of Last Report
04/30/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JACKSON, RAY
1771 EVANS AVE
FT MYERS FL 33901

81 Name

Reina Schlager

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

8495 College Parkway

83

Suite 205

84 City

Ft. Myers

FL

85 Zip Code

33919

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

REINA SCHLAGER

(NOTE: Registered Agent signature required when reinstating)

4-18-97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE V ☐ DELETE
NAME HIGGINS, FRANK
STREET ADDRESS 1830 MARAVILLA, APT 404
CITY-ST-ZIP FT. MYERS FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE PD ☐ DELETE
NAME LUISZER, MAUREEN
STREET ADDRESS 2525 E. FIRST ST.
CITY-ST-ZIP FT. MYERS FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE T ☒ DELETE
NAME JACKSON, RAYMOND
STREET ADDRESS 1771 EVANS AVE
CITY-ST-ZIP FT MYERS FL 33901

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME Reina Schlager
3.3 STREET ADDRESS 8495 College Parkway
3.4 CITY-ST-ZIP Ft. Myers, FL 33919

TITLE D ☒ DELETE
NAME KAINRAD, DAVID
STREET ADDRESS 2665 ORTIZ EXTENTION
CITY-ST-ZIP FT. MYERS FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE S ☒ DELETE
NAME CHURCHILL, PATRICIA
STREET ADDRESS 1800 MATTHEW DR
CITY-ST-ZIP FT MYERS FL 33907

5.1 TITLE ☒ Change ☒ Addition
5.2 NAME Dottie Hummel
5.3 STREET ADDRESS 6419 Timberwood Circle, # 131
5.4 CITY-ST-ZIP Port Myers, FL 33908

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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.

CR2E037 (9/96)