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Apr 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
US**

3. Date Incorporated or Qualified

06/15/1987

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SCHLAGER, REINA
8895 COLLEGE PARKWAY
SUITE 205
FT MYERS FL 33919**

81 Name

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

83

84 City

FL

85 Zip Code

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 of registered agent 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 **V** ☒ DELETE

NAME **HIGGINS, FRANK**
STREET ADDRESS **1830 MARAVILLA, APT 404**
CITY - ST - ZIP **FT. MYERS FL**

TITLE **PD** ☒ DELETE

NAME **LUISZER, MAUREEN**
STREET ADDRESS **2525 E. FIRST ST.**
CITY - ST - ZIP **FT. MYERS FL**

TITLE **TD** ☐ DELETE

NAME **SCHLAGER, REINA**
STREET ADDRESS **8895 COLLEGE PARKWAY**
CITY - ST - ZIP **FT MYERS FL 33919**

TITLE **SD** ☐ DELETE

NAME **HUMMEL, DOTTIE**
STREET ADDRESS **6219 TIMBERWOOD CIRCLE., #131**
CITY - ST - ZIP **FORT MYERS FL 33908**

TITLE **President** ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

1.1 TITLE **Vice-President** ☐ Change ☒ Addition

1.2 NAME **William Eulen**
1.3 STREET ADDRESS **9470 Healthpark Circle**
1.4 CITY - ST - ZIP **Fort Myers, FL 33908**

2.1 TITLE **President** ☐ Change ☒ Addition

2.2 NAME **C.R. Raymond Jackson PD**
2.3 STREET ADDRESS **P.O. Box 42**
2.4 CITY - ST - ZIP **Esler, FL 33928** **N/A**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. 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 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:

CR2E037 (10/97)