# 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

APPROVED AND FILED

95 MAR 23 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE

DOCUMENT # N93000004266 (3)

1. Corporation Name

COUNCIL ON AGING FOUNDATION OF CHARLOTTE COUNTY, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 2219 ELMIRA BLVD.<br>SUITE 2<br>PORT CHARLOTTE FL 33952<br>US | 2219 ELMIRA BLVD.<br>SUITE 2<br>PORT CHARLOTTE FL 33952<br>US |

3. Date Incorporated or Qualified: 09/20/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2029676 (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: XX $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: ☐ Yes XX No

2. Principal Place of Business
21 22119 Elmira Blvd.
Suite, Apt. #, etc.
22 Suite 2
City & State
23 Port Charlotte, FL
Zip 24 33952
Country 25 US

2a. Mailing Address
26 22119 Elmira Blvd.
Suite, Apt. #, etc.
27 Suite 2
City & State
28 Port Charlotte, FL
Zip 29 33952
Country 30 US

9. Name and Address of Current Registered Agent

LYNCH, ROBERT C
319B ELMIRA BLVD
PORT CHARLOTTE FL 33952

10. Name and Address of New Registered Agent

81 Name: Robert Lynch
82 Street Address (P.O. Box Number is Not Acceptable): 245 Lido Drive
83
84 City: Punta Gorda FL 85 Zip Code: 33950

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | T | 11 TITLE | ☐ Change ☐ Addition |
| NAME | LYNCH, ROBERT | 12 NAME | |
| STREET ADDRESS | 245 LIDO DR | 13 STREET ADDRESS | N/A |
| CITY-ST-ZIP | PUNTA GORDA FL | 14 CITY-ST-ZIP | |
| TITLE | T | 21 TITLE | T ☒ Change ☐ Addition |
| NAME | BOYETTE, LINDA | 22 NAME | Jack Lotz |
| STREET ADDRESS | 21260 OLEAN BLVD | 23 STREET ADDRESS | 222 Brown Street |
| CITY-ST-ZIP | PORT CHARLOTTE FL | 24 CITY-ST-ZIP | Punta Gorda, FL 33950 |
| TITLE | T | 31 TITLE | T ☒ Change ☐ Addition |
| NAME | HUYKE-GARNER, LUCY | 32 NAME | Deborah Snyder |
| STREET ADDRESS | 3300 TAMIAMI TR | 33 STREET ADDRESS | 949 Tamiami Trail |
| CITY-ST-ZIP | PORT CHARLOTTE FL | 34 CITY-ST-ZIP | Port Charlotte, FL 33953 |
| TITLE | T | 41 TITLE | ☐ Change ☐ Addition |
| NAME | OWENS, R. N | 42 NAME | |
| STREET ADDRESS | 160 PALMETTO CIR | 43 STREET ADDRESS | N/A |
| CITY-ST-ZIP | PORT CHARLOTTE FL | 44 CITY-ST-ZIP | |
| TITLE | T | 51 TITLE | T ☒ Change ☐ Addition |
| NAME | BLACK, A. V | 52 NAME | Stephen Cammick |
| STREET ADDRESS | 249 SEMINOLE BLVD | 53 STREET ADDRESS | 22107 Elmira Blvd. |
| CITY-ST-ZIP | PORT CHARLOTTE FL | 54 CITY-ST-ZIP | Port Charlotte, FL 33952 |
| TITLE | T | 61 TITLE | ☒ Change ☐ Addition |
| NAME | BRZOZOWSKI, IRENE | 62 NAME | 3/23/94 MS |
| STREET ADDRESS | 19171 WATERBURY CT | 63 STREET ADDRESS | |
| CITY-ST-ZIP | PORT CHARLOTTE FL | 64 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 above, or on an attachment with an address.

**SIGNATURE:** Robert C. Lynch 3-1-95 627-2177
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0001220