

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N93000004266 (3)

1. Corporation Name

COUNCIL ON AGING FOUNDATION OF CHARLOTTE COUNTY,
INC.

Principal Place of Business

Mailing Address

22219 ELMIRA BLVD.
SUITE 2
PORT CHARLOTTE FL 33952
US

22219 ELMIRA BLVD.
SUITE 2
PORT CHARLOTTE FL 33952
US



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

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

09/20/1993

3a. Date of Last Report

03/23/1995

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

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

☐

Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

CAMMICK, STEPHEN

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

22107 ELMIRA BLVD.

83

PORT CHARLOTTE, FL 33952

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 617.0508, Florida Statutes.

SIGNATURE

Signature, preceded by printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/30/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

T ☐ DELETE

NAME
LYNCH, ROBERT
STREET ADDRESS
245 LIDO DR
CITY-ST-ZIP
PUNTA GORDA FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change

☐ Addition

T ☒ DELETE

NAME
LOTZ, JACK
STREET ADDRESS
222 BROWN STREET
CITY-ST-ZIP
PUNTA GORDA FL 33950

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change

☒ Addition

T ☐ DELETE

NAME
SNYDER, DEBORAH
STREET ADDRESS
949 TAMiami TRAIL
CITY-ST-ZIP
PORT CHARLOTTE FL 33953

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☐ Addition

T ☒ DELETE

NAME
OWENS, R. N
STREET ADDRESS
160 PALMETTO CIR
CITY-ST-ZIP
PORT CHARLOTTE FL

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☒ Addition

T ☐ DELETE

NAME
CAMMICK, STEPHEN
STREET ADDRESS
22107 ELMIRA BLVD.
CITY-ST-ZIP
PORT CHARLOTTE FL 33952

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

T ☒ DELETE

NAME
BRZOWSKI, IRENE
STREET ADDRESS
19171 WATERBURY CT
CITY-ST-ZIP
PORT CHARLOTTE FL

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☒ Addition

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)(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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/30/96 941-629 3917

CR2E037 (12/95)