

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 10 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT

1997

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  
US22219 ELMIRA BLVD.  
SUITE 2  
PORT CHARLOTTE FL 33952-8412  
US3. Date Incorporated or Qualified  
09/20/19933a. Date of Last Report  
02/09/1996

2. Principal Place of Business

2a. Mailing Address

21 22119 ELMIRA BLVD

26 22119 ELMIRA BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Cammick, Stephen  
22107 ELMIRA BLVD  
PORT CHARLOTTE FL 33952

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)  
22119 ELMIRA BLVD

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 typed 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 T ☒ DELETE  
NAME LYNCH, ROBERT  
STREET ADDRESS 245 LIDO DR  
CITY-ST-ZIP PUNTA GORDA FL1.1 TITLE PD ☒ Change ☐ Addition  
1.2 NAME BOYETTE, LINDA  
1.3 STREET ADDRESS 21260 OLEAN BLVD  
1.4 CITY-ST-ZIP PORT CHARLOTTE, FLTITLE T ☐ DELETE  
NAME BOYETTE, LINDA  
STREET ADDRESS 21260 OCEAN BLVD  
CITY-ST-ZIP PORT CHARLOTTE FL2.1 TITLE VD ☐ Change ☒ Addition  
2.2 NAME MULLIGAN, LOUISE  
2.3 STREET ADDRESS 1142 FLETCHER STREET  
2.4 CITY-ST-ZIP PORT CHARLOTTE, FLTITLE T ☒ DELETE  
NAME SNYDER, DEBORAH  
STREET ADDRESS 949 TAMiami TRAIL  
CITY-ST-ZIP PORT CHARLOTTE FL 339533.1 TITLE TD ☒ Change ☐ Addition  
3.2 NAME CAMMICK, STEPHEN  
3.3 STREET ADDRESS 22119 ELMIRA BLVD  
3.4 CITY-ST-ZIP PORT CHARLOTTE, FLTITLE T ☒ DELETE  
NAME AUSTIN, KEITH  
STREET ADDRESS 24164 HARBORVIEW ROAD  
CITY-ST-ZIP CHARLOTTE HARBOR FL4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE T ☐ DELETE  
NAME CAMMICK, STEPHEN  
STREET ADDRESS 22107 ELMIRA BLVD.  
CITY-ST-ZIP PORT CHARLOTTE FL 339525.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE T ☒ DELETE  
NAME BALA, BRENDA  
STREET ADDRESS 1720 EL JOBEAN RD, SUITE 204  
CITY-ST-ZIP PORT CHARLOTTE FL6.1 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0067771

CR2E037 (9/96)