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Aug 11 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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.
PORT CHARLOTTE FL 33952
US**

**22219 ELMIRA BLVD.
PORT CHARLOTTE FL 33952
US**

3. Date Incorporated or Qualified

09/20/1993

4. FEI Number

59-2029676

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 22119 Elmira Boulevard

26 22119 Elmira Boulevard

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 2

27 Suite 2

City & State

City & State

23 Port Charlotte, FL

28 Port Charlotte, FL

Zip

Country

Zip

Country

24 33952

25 USA

29 33952

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CAMMICK, STEPHEN
22219 ELMIRA BLVD
PORT CHARLOTTE FL 33952**

81 Name
Gale West
82 Street Address (P.O. Box Number Is Not Acceptable)
83 22119 Elmira Boulevard, Suite 2
84 City
Port Charlotte, FL
85 Zip Code
33952

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

Gale West

Gale West (Treasurer)

6/12/98

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	PD	<input checked="" type="checkbox"/> DELETE
NAME	BOYETTE, LINDA	
STREET ADDRESS	21260 OCEAN BLVD	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MULLIGAN, LOUISE	
STREET ADDRESS	1142 FLETCHER ST	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	CAMMICK, STEPHEN	
STREET ADDRESS	22119 ELMIRA BLVD	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	V/D/Tr	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Brenda Bala	
1.3 STREET ADDRESS	22119 Elmira Boulevard, Suite 2	
1.4 CITY-ST-ZIP	Port Charlotte, FL 33952	
2.1 TITLE	T/D/Tr	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Gale West	
2.3 STREET ADDRESS	4810 Deltona Avenue	
2.4 CITY-ST-ZIP	Punta Gorda, FL 33950	
3.1 TITLE	S/D/Tr	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	R. Neal Owens	
3.3 STREET ADDRESS	2305 Aaron Street Unit 319E	
3.4 CITY-ST-ZIP	Port Charlotte, FL 33952	
4.1 TITLE	D/Tr	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Ann Dever	
4.3 STREET ADDRESS	300 Coral Creek Drive	
4.4 CITY-ST-ZIP	Cape Haze, FL 33946	
5.1 TITLE	D/Tr	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Jan Ehrenfeld	
5.3 STREET ADDRESS	2885 Tamiami Trail	
5.4 CITY-ST-ZIP	Port Charlotte, FL 33952	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	600002613406	
6.3 STREET ADDRESS	-08/12/98--01006--008	
6.4 CITY-ST-ZIP	***122.50	

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

Gale West

Gale West (Treasurer)

941-627-2177

CP2E037 (10/97)