

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000004530

FILED
Mar 17, 2016
Secretary of State
CC9580627502

Entity Name: COALITION ON AGING, TRANSITIONS AND TECHNOLOGY, INC.

Current Principal Place of Business:

1021 LAKELAND HILLS BLVD
2ND FLOOR
LAKELAND, FL 33805

Current Mailing Address:

1021 LAKELAND HILLS BLVD
2ND FLOOR
LAKELAND, FL 33805 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LAMM, ROSEMARIE SANTORA PHD
5602 LAKE PT. DR.
LAKELAND, FL 33813 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ROSEMARIE SANTORA LAMM

03/17/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name BOYCE, PATRICIA
Address 1335 ROBINHOOD LANE SOUTH
City-State-Zip: LAKELAND FL 33813

Title DIRECTOR
Name BURDETTE, CHARLES
Address 330 WEST WELLINGTON DRIVE
City-State-Zip: LAKELAND FL 33813

Title DIRECTOR, .
Name LAMM, ROSEMARIE SANTORA PHD
Address 5602 LAKE PT. DR.
City-State-Zip: LAKELAND FL 33813

Title PRESIDENT
Name JONES, GLENN
Address 319 TUSCARORA DRIVE
City-State-Zip: LAKELAND FL 33805

Title DIRECTOR
Name SIMMERS, CHERIE
Address 631 LONE PALM DRIVE
City-State-Zip: LAKELAND FL 33815

Title DIRECTOR
Name STERN, GLORIA
Address 2954 MISSION LAKES DRIVE
City-State-Zip: LAKELAND FL 33803

Title DIRECTOR
Name HOLLIS, MARYLEE
Address 141 FAIRCHILD STREET
City-State-Zip: BABSON PARK FL 33827

Title VP
Name HARDY, GRACE
Address 1350 SLEEPY HILL ROAD
City-State-Zip: LAKELAND FL 33810

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ROSEMARIE SANTORA LAMM

PH.D.

03/17/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name DUBOSE, AMY
Address 530 SOUTH FLORIDA AVE
City-State-Zip: LAKELAND FL 33801

Title DIRECTOR
Name CRAVEN, LIZ
Address 310 EAST MAINSTREET
City-State-Zip: LAKELAND FL 33801

Title DIRECTOR
Name BEATTY, BRAD
Address 1410 DUNDEE ROAD
City-State-Zip: WINTER HAVEN FL 33884

Title DIRECTOR
Name GRADY, LYNN
Address 1282 LAKE POINT DRIVE
City-State-Zip: LAKELAND FL 33813

Title SECRETARY
Name BAGLEY, GAIL
Address 902 SOUTH FLORIDA AVE
City-State-Zip: LAKELAND FL 33803