

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000004530

FILED
Apr 24, 2014
Secretary of State
CC8894793077

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:

DARBY, TIMOTHY
500 SOUTH FLORIDA AVE., SUITE 520
LAKELAND, FL 33801 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:

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 DARBY, TIMOTHY
Address P.O. BOX 2971
City-State-Zip: LAKELAND FL 33806-2971

Title DIRECTOR
Name JONES, GLENN
Address 1910 LAKELAND HILLS BLVD
City-State-Zip: LAKELAND FL 33805

Title DIRECTOR
Name LAMM, ROSEMARIE
Address 5602 LAKE POINT DRIVE
City-State-Zip: LAKELAND FL 33813

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

Title SECRETARY
Name WOLFE, VIRGINIA
Address 1003 AVENUE X, NW
City-State-Zip: WINTER HAVEN FL 33881

Title DIRECTOR
Name STERN, GLORIA
Address 2221 BRANDON ROAD
City-State-Zip: LAKELAND FL 33813

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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: TIMOTHY B. DARBY

DIRECTOR

04/24/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name HOLLIS, MARYLEE
Address 141 FIRCHILD STREET
City-State-Zip: BABSON PARK FL 33833

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

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