

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000004530

**FILED**  
**Feb 15, 2019**  
**Secretary of State**  
**0403211606CC**

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

**Current Principal Place of Business:**

801 SOUTH FLORIDA AVE  
SUITE 3  
LAKELAND, FL 33803

**Current Mailing Address:**

5602 LAKE POINT DR.  
LAKELAND, FL 33813 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**

**02/15/2019**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

Title DIRECTOR  
Name ANDREW, CROSSFIELD  
Address 801 SOUTH FLORIDA AVE  
SUITE 3  
City-State-Zip: LAKELAND FL 33803

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

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

Title TREASURER  
Name BAGLEY, GAIL  
Address 1021 LAKELAND HILLS BLVD.  
City-State-Zip: LAKELAND FL 33805

Title DIRECTOR  
Name CAGE, BARBARA  
Address 801 SOUTH FLORIDA AVE  
SUITE 3  
City-State-Zip: LAKELAND FL 33803

Title SECRETARY  
Name BERKEN, JEAN  
Address 801 SOUTH FLORIDA AVE  
SUITE 3  
City-State-Zip: LAKELAND FL 33803

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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 S.LAMM**

**EXECUTIVE DIRECTOR**

**02/15/2019**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            MCCRORY, SANDRA  
Address        801 SOUTH FLORIDA AVE  
                 SUITE 3  
City-State-Zip: LAKELAND FL 33803