

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000004530

FILED
Apr 24, 2015
Secretary of State
CC7998014093

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 VP
Name JONES, GLENN
Address 319 TUSCARORA DRIVE
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 2590 HAVENDALE PLACE
City-State-Zip: WINTER HAVEN FL 33881

Title DIRECTOR
Name STERN, GLORIA
Address 2954 MISSION LAKES DRIVE
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: TIMOTHY B. DARBY

REGISTERED AGENT

04/24/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

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