## 2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000004530

INC.

Entity Name: COALITION ON AGING, TRANSITIONS AND TECHNOLOGY,

**Current Principal Place of Business:** 

118 WEST LEMON ST LAKELAND, FL 33815

**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 01/21/2021

> Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title **DIRECTOR** Title EXECUTIVE DIRECTOR, .

Name **BURDETTE, CHARLES** Name LAMM, ROSEMARIE SANTORA PHD

Address 330 WEST WELLINGTON DRIVE Address 5602 LAKE PT. DR. City-State-Zip: LAKELAND FL 33813 City-State-Zip: LAKELAND FL 33813

Title **PRESIDENT** Title **SECRETARY** 

Name BERKEN, JEAN Name CROSSFIELD, ANDREW Address 118 WEST LEMON ST. Address 118 WEST LEMON ST. City-State-Zip: LAKELAND FL 33815 City-State-Zip: LAKELAND FL 33815

Title **TREASURER** Title Name BAGLEY, GAIL Name MCRORY, SANDIE

Address 118 WEST LEMON ST. Address 118 WEST LEMON ST. City-State-Zip: LAKELAND FL 33815 City-State-Zip: LAKELAND FL 33815

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** 

01/21/2021

**FILED** Jan 21, 2021

**Secretary of State** 

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