

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 24, 2005 8:00 am**  
**Secretary of State**

02-24-2005 90028 026 \*\*\*\*61.25

**DOCUMENT # N00000008375**

1. Entity Name  
**GAINESVILLE COUNCIL ON AGING, INC.**



Principal Place of Business  
**1311 SW 16TH ST.  
GAINESVILLE, FL 32608**

Mailing Address  
**1311 SW 16TH ST.  
GAINESVILLE, FL 32608**

**DO NOT WRITE IN THIS SPACE**



01102005 No Chg-NP CR2E037 (10/03)

4. FEI Number  
**65-1075845**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**MCKIBBEN, R. BRUCE JR  
1301 MICCOSUKEE RD  
TALLAHASSEE, FL 32308**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee Is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME AKINS, KENNETH  
STREET ADDRESS 9840 SW 35 CT  
CITY-ST-ZIP OKEECHOBEE, FL 34974

TITLE VD  
NAME COWINS, MYRTLE  
STREET ADDRESS 4351 SE 26 ST  
CITY-ST-ZIP OKEECHOBEE, FL 34974

TITLE SD  
NAME WATSON, JOANN  
STREET ADDRESS 2001 SW 3 AVE  
CITY-ST-ZIP OKEECHOBEE, FL 34974

TITLE CEO  
NAME BROCATO, MAXCINE  
STREET ADDRESS 915 SE 15 ST  
CITY-ST-ZIP OKEECHOBEE, FL 34974

TITLE D  
NAME BLEVINS, JOHNIE  
STREET ADDRESS 969 SW 39TH LANE  
CITY-ST-ZIP OKEECHOBEE, FL 34974

TITLE D  
NAME HEALEY, MARY  
STREET ADDRESS 1350 NE 39TH BLVD  
CITY-ST-ZIP OKEECHOBEE, FL

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Maxcine Brocato* **MAXCINE BROCATO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1-11-05* **863-763-1344**

Date

Daytime Phone