

**2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Jun 11, 2008**  
**Secretary of State**

DOCUMENT# N00000008375

**Entity Name:** GAINESVILLE COUNCIL ON AGING, INC.**Current Principal Place of Business:**1311 SW 16TH ST.  
GAINESVILLE, FL 32608**New Principal Place of Business:****Current Mailing Address:**1311 SW 16TH ST.  
GAINESVILLE, FL 32608**New Mailing Address:****FEI Number:** 65-1075845**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**GILROY, JOHN F III  
1435 E PIEDMONT DR. STE. 100  
TALLAHASSEE, FL 32308 US**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: AKINS, KENNETH  
Address: 9840 SW 35 CT  
City-St-Zip: OKEECHOBEE, FL 34974

Title: VD ( ) Delete  
Name: COWINS, MYRTLE  
Address: 4351 SE 26 ST  
City-St-Zip: OKEECHOBEE, FL 34974

Title: SD ( ) Delete  
Name: WATSON, JOANN  
Address: 2001 SW 3 AVE  
City-St-Zip: OKEECHOBEE, FL 34974

Title: CEOD ( ) Delete  
Name: BROCATO, MAXCINE  
Address: 863 SE 25TH ST  
City-St-Zip: OKEECHOBEE, FL 34974

Title: D (X) Delete  
Name: BLEVINS, JOHNIE  
Address: 969 SW 39TH LANE  
City-St-Zip: OKEECHOBEE, FL 34974

Title: D (X) Delete  
Name: STONER, MARTHA  
Address: 4283 SOUTH 24TH STREET LOT #26  
City-St-Zip: OKEECHOBEE, FL 34974

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: AKINS, KENNETH  
Address: 4425 SOUTH HIGHWAY 441  
City-St-Zip: OKEECHOBEE, FL 34974

Title: D (X) Change ( ) Addition  
Name: JACOBSON, ORA  
Address: 542 ROOKERY PLACE  
City-St-Zip: JUPITER, FL 33458

Title: D (X) Change ( ) Addition  
Name: POLLOCK, MERLE  
Address: 3107 SE 3RD AVENUE  
City-St-Zip: OKEECHOBEE, FL 34974

Title: SD (X) Change ( ) Addition  
Name: BLEVINS, JOHNIE  
Address: 969 SW 39TH LANE  
City-St-Zip: OKEECHOBEE, FL 34974

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: KENNETH AKINS

PD

06/11/2008

Electronic Signature of Signing Officer or Director

Date