

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008375

Entity Name: GAINESVILLE COUNCIL ON AGING, INC.**Current Principal Place of Business:**1311 SW 16TH ST.
GAINESVILLE, FL 32608**Current Mailing Address:**1311 SW 16TH ST.
GAINESVILLE, FL 32608**FEI Number: 65-1075845****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**SHIMBERG, ROBERT ESQ
HILL, WARD, HERDERSON
101 E KENNEDY BLVD #3700
TAMPA, FL 33602 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: ROBERT SHIMBERG****02/03/2014**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :Title D/CH
Name BONNELL, ROSE MARIE
Address 1006 SW 6TH STREET
City-State-Zip: OKEECHOBEE FL 34974Title D/VC
Name LOPEZ, ELIZABETH
Address 2157 BACOM POINT ROAD
City-State-Zip: PAHOKEE FL 33476Title D/S
Name BLEVINS, JOHNNIE
Address 969 SW 39TH LANE
City-State-Zip: OKEECHOBEE FL 33476Title D
Name BASS, T. LAVON
Address 2001 NW 5TH AVENUE
City-State-Zip: OKEECHOBEE FL 34974Title EXECUTIVE DIRECTOR
Name HURT, EDWARD W
Address 1311 SW 16TH ST.
City-State-Zip: GAINESVILLE FL 32608

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: EDWARD HURT**EXECUTIVE DIRECTOR****02/03/2014**

Electronic Signature of Signing Officer/Director Detail

Date