

**2013 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: Yes****Name and Address of Current Registered Agent:**MOSKOWITZ, DEBORAH LESQ.  
255 S. ORANGE AVE - 9TH FLOOR  
ORLANDO, FL 32801 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	D/CH
Name	BONNELL, ROSE MARIE
Address	1006 SW 6TH STREET
City-State-Zip:	OKEECHOBEE FL 34974

Title	D/VC
Name	LOPEZ, ELIZABETH
Address	2157 BACOM POINT ROAD
City-State-Zip:	PAHOKEE FL 33476

Title	D/S
Name	BLEVINS, JOHNNIE
Address	969 SW 39TH LANE
City-State-Zip:	OKEECHOBEE FL 33476

Title	D
Name	WILLIAMS, JANET
Address	8451 SW 15TH LANE
City-State-Zip:	OKEECHOBEE FL 34974

Title	D
Name	BASS, T. LAVON
Address	20010 NW 5TH AVENUE
City-State-Zip:	OKEECHOBEE FL 34974

Title	CEO
Name	DARVILLE, MAXCINE
Address	1311 SW 16TH STREET
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: MAXCINE DARVILLE****CEO****01/25/2013**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date