

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 720154

**FILED**  
**Jan 07, 2010**  
**Secretary of State**

**Entity Name:** OKALOOSA COUNTY COUNCIL ON AGING, INC.

**Current Principal Place of Business:**

207 HOSPITAL DRIVE, NORTHEAST  
FT. WALTON BCH., FL 32548 US

**New Principal Place of Business:**

**Current Mailing Address:**

207 HOSPITAL DRIVE, NORTHEAST  
FT. WALTON BCH., FL 32548 US

**New Mailing Address:**

**FEI Number:** 59-1356076

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

LOVEJOY, RUTH R ED  
207 LOVEJOY ROAD  
FT WALTON BEACH, FL 32548 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: D  
Name: LOVEJOY, RUTH R  
Address: 207 LOVEJOY ROAD  
City-St-Zip: FT WALTON BCH, FL 32548 US

Title: PD  
Name: ZELL, BILL  
Address: 9 WEST CASA LOMA DRIVE  
City-St-Zip: MARY ESTHER, FL 32548 US

Title: VD  
Name: GROAT, SCOTT  
Address: 151 MARY ESTHER BOULEVARD  
City-St-Zip: MARY ESTHER, FL 32569 US

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: RUTH R. LOVEJOY

ED

01/07/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date