

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 729935 (7)

1. Corporation Name
OKEECHOBEE COUNCIL ON AGING, INC.



Principal Place of Business 230 S BARFIELD HWY PAHOKEE FL 33476	Mailing Address 230 S BARFIELD HWY PAHOKEE FL 33476
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3. Date Incorporated or Qualified 06/13/1974	3a. Date of Last Report 01/23/1995
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2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-1544835	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

**AKINS, KENNETH
9750 HWY. 78
OKEECHOBEE FL 34974**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-stating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANGEVIN, LILLIAN	1.2 NAME	
STREET ADDRESS	427 NE 31ST TERR	1.3 STREET ADDRESS	
CITY - ST - ZIP	OKEECHOBEE FL 34972	1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STONER, MARTHA	2.2 NAME	
STREET ADDRESS	3513 SE 35TH AVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	OKEECHOBEE FL	2.4 CITY - ST - ZIP	Zip 34974
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HEALEY, MARY	3.2 NAME	
STREET ADDRESS	1350 NE 39TH BLVD.	3.3 STREET ADDRESS	
CITY - ST - ZIP	OKEECHOBEE FL	3.4 CITY - ST - ZIP	Zip 34972
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARNSTEAD, ELLEN	4.2 NAME	
STREET ADDRESS	6468 HIGHWAY 441 SE	4.3 STREET ADDRESS	
CITY - ST - ZIP	OKEECHOBEE FL	4.4 CITY - ST - ZIP	Zip 34974
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DARVILLE, MAXCINE	5.2 NAME	
STREET ADDRESS	11 LINDA GARDENS BHR	5.3 STREET ADDRESS	
CITY - ST - ZIP	OKEECHOBEE FL	5.4 CITY - ST - ZIP	Zip 34974
TITLE	PD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AKINS, KENNETH	6.2 NAME	
STREET ADDRESS	7950 HWY. 78	6.3 STREET ADDRESS	
CITY - ST - ZIP	OKEECHOBEE FL	6.4 CITY - ST - ZIP	Zip 34974

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Kenneth Akins Date: 1/19/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Kenneth Akins, President/Director Daytime Phone # _____

CR2E037 (12/95)

13. Additions/Changes to Officers and Directors in 12

X Addition

TITLE	D
NAME	COWIN, MYRTLE
STREET ADDRESS	4351 SE 26th Street
CITY-ST-ZIP	Okeechobee, Fl 34974