


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Feb 03 1998 8:00am**  
**Secretary of State**

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

**DOCUMENT # 729935 (7)**  
 1. Corporation Name  
**OKEECHOBEE COUNCIL ON AGING, INC.**



|   |   |
|---|---|
| Principal Place of Business<br>230 S BARFIELD HWY<br>PAHOKEE FL 33476 | Mailing Address<br>230 S BARFIELD HWY<br>PAHOKEE FL 33476 |
|---|---|

|                                      |                           |
|--------------------------------------|---------------------------|
| 2. Principal Place of Business<br>21 | 2a. Mailing Address<br>26 |
| Suite, Apt. #, etc.<br>22            | Suite, Apt. #, etc.<br>27 |
| City & State<br>23                   | City & State<br>28        |
| Zip<br>24                            | Country<br>25             |
|                                      | Country<br>30             |

|  |                                |
|--|--------------------------------|
| 3. Date Incorporated or Qualified<br>06/13/1974  |                                |
| 4. FEI Number<br>59-1544835  | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/>  | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>  | \$5.00 May Be Added to Fees    |
| 7. Is this nonprofit corporation a homeowners association?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                            |                                |
| 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |                                |

**9. Name and Address of Current Registered Agent**

AKINS, KENNETH  
 9750 HWY. 78  
 OKEECHOBEE FL 34974

**10. Name and Address of New Registered Agent**

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

**FL**

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 \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

|                |                      |  |
|----------------|----------------------|--|
| TITLE          | VD                   | <input type="checkbox"/> DELETE            |
| NAME           | COWIN, MYRTLE        |  |
| STREET ADDRESS | 4351 SE 26TH ST      |  |
| CITY-ST-ZIP    | OKEECHOBEE FL        |  |
| TITLE          | D                    | <input type="checkbox"/> DELETE            |
| NAME           | STONER, MARTHA       |  |
| STREET ADDRESS | 3513 SE 35TH AVE     |  |
| CITY-ST-ZIP    | OKEECHOBEE FL        |  |
| TITLE          | D                    | <input type="checkbox"/> DELETE            |
| NAME           | HEALEY, MARY         |  |
| STREET ADDRESS | 1350 NE 39TH BLVD.   |  |
| CITY-ST-ZIP    | OKEECHOBEE FL        |  |
| TITLE          | D                    | <input checked="" type="checkbox"/> DELETE |
| NAME           | BARNSTEAD, ELLEN     |  |
| STREET ADDRESS | 6468 HIGHWAY 441 SE  |  |
| CITY-ST-ZIP    | OKEECHOBEE FL        |  |
| TITLE          | SD                   | <input type="checkbox"/> DELETE            |
| NAME           | DARVILLE, MAXCINE    |  |
| STREET ADDRESS | 11 LINDA GARDENS BHR |  |
| CITY-ST-ZIP    | OKEECHOBEE FL        |  |
| TITLE          | PD                   | <input type="checkbox"/> DELETE            |
| NAME           | AKINS, KENNETH       |  |
| STREET ADDRESS | 7950 HWY. 78         |  |
| CITY-ST-ZIP    | OKEECHOBEE FL        |  |

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

|                    |                     |  |
|--------------------|---------------------|--|
| 1.1 TITLE          | SD                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME           | WATSON, JOANN       |  |
| 1.3 STREET ADDRESS | 2001 SW 3rd Ave.    |  |
| 1.4 CITY-ST-ZIP    | OKEECHOBEE, FL      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.1 TITLE          |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME           |                     |  |
| 2.3 STREET ADDRESS |                     |  |
| 2.4 CITY-ST-ZIP    |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.1 TITLE          |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |                     |  |
| 3.3 STREET ADDRESS |                     |  |
| 3.4 CITY-ST-ZIP    |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.1 TITLE          |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |                     |  |
| 4.3 STREET ADDRESS |                     |  |
| 4.4 CITY-ST-ZIP    |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.1 TITLE          |                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           | DARVILLE, MAXCINE   |  |
| 5.3 STREET ADDRESS | 1732 SW 35th Circle |  |
| 5.4 CITY-ST-ZIP    | OKEECHOBEE, FL      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.1 TITLE          |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |                     |  |
| 6.3 STREET ADDRESS |                     |  |
| 6.4 CITY-ST-ZIP    |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** Martine Darville **REQUIRED** 1/7/1998 (561) 924-5561

CH2E037 (10/97)