**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 729935 1. Corporation Name

OKEECHOBEE COUNCIL ON AGING, INC.

## **FILED** Feb 21, 1999 8:00 am § Secretary of State

02-21-1999 90009 049 \*\*\*\*61.25

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NAME   WATSON, JOANN   12 NAME   COWIN, MYRTLE     34974	230 S BARFIELD	HWY	<del>-</del>						
2. Principal Place of Business   2a. Mailing Address   3. Date Incorporated or Qualified Ob/13/1974   25   3   30   4   4   5   5   4   5   5   5   5   5			200 0 DAIII ILLU IIII I						31 <b>6101</b> 3 1 <b>60</b> 1
2. Principal Place of Business   2a. Mailing Address   3. Date Incorporated or Qualified Ob/13/1974   25   3   30   4   4   5   5   4   5   5   5   5   5	TAHOREE TE GOT								
Suite, Apt. #, etc.			THIS TE SENS					1	
Suite, Apt. #, etc.									
Suite, Apt. #, etc.									
Sulfe, Apt. #, etc.    Sulfe, Apt. #, etc.	2. Principal Place of Business 2a. Mailing Addr			dress				•	
Solution	21		26				06/13/1974		
City & State								App	plied For
28   28   28   29   20   27   Country   28   Country   28   Country   29   30   Trust Fund Contribution   \$5.00 May Be   Added to Fees   Added to	22		27				59-1544835	Not	Applicable
Zip   Country   Zip   Country   Zip   Country   St. Election Campaign Financing   St. 50.00 kmy to Added to Fees   Added to	City & State		4				5 Cortificate of Status Desired		3
Zip Country Zip Country Zip Country Zip Country	23		28				Obtained of Childs Booked	Fee Re	quired
25			Zip	Zip Country			6. Election Campaign Financing	\$5.00	May Be
AKINS, KENNETH 9750 HWY. 78  OKEECHOBEE FI. 34974  82 Street Address (P.O. Box Number is Not Acceptable)  83 STREET ADDRESS (P.O. Box Number is Not Acceptable)  84 City FL 85 Zip Code  85 STREET ADDRESS (P.O. Box Number is Not Acceptable)  86 City FL 85 Zip Code  87 City FL 85 Zip Code  88 City FL 85 Zip Code  88 City FL 85 Zip Code  89 City FL 85 Zip Code  89 City FL 85 Zip Code  89 City FL 85 Zip Code  80 City FL 85 Zip Code  81 Zip Code  81 Zip Code  81 Zip Code  81 Zip Code  82 Street Address (P.O. Box Number is Not Acceptable)  84 City FL 85 Zip Code  85 Zip Code  86 City FL 85 Zip Code  86 Zip Code  87 Zip Code  88 Zip Code  88 Zip Code  88 Zip Code  89 Zip Code  80 Zip Code  80 Zip Code  80 Zip Code  80 Zip Code  81 Zip Code  81 Zip Code  81 Zip Code  81 Zip Code  82 Zip Code  84 Zip Code  84 Zip Code  85 Zip Code  86 Zip Code  87 Zip Code  88 Zip Code  88 Zip Code  89 Zip Code  89 Zip Code  89 Zip Code  89 Zip Code  80	24	25	29 3	0	Trus		Trust Fund Contribution		o Fees
AKINS, KENNETH  9750 HWY. 78  OKEECHOBEE FL 34974  82 Street Address (P.O. Box Number is Not Acceptable)  83									
OKEECHOBEE FL 34974    Sa				į.	81	Name			
OKEECHOBEE FL 34974    Sa	AKINS KENI	NETH		92			ess (P.O. Box Number is Not Acceptable)		
OKEECHOBEE FI. 34974    84   City				ľ	٦-	00000710010	, , , , , , , , , , , , , , , , , , , ,		
The control of 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 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, 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, 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, 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, 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, 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, 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, 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, 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, or both and of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered directors. In hereby accept the appointment as registered agent, and the corporation was authorized by the corporation which are directors. In hereby accept the appointment as registered agent, and the corporation was authorized by the corporation was noticed by an authorized by the corporation was noticed.  12.					83			•	
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, hose or printed name of registered agent and the # applicative.   (NOTE: Registered Agent signature required when reinfalting)   DATE	ONLLOIRODE	LL 1 L 343/4			-			as Zin C	`odo
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent are marillar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE    12.				ľ	84	City			,000
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent are marillar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE    12.	11. Pursuant to t	the provisions of Sections 617,050.	2 and 617.1508, Florida Statutes	the ab	ove-	named corpo	oration submits this statement for the purpos	e of changing its	registered
SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE SD DELETE 1.1 TITLE VD CAnge MARTON, JOANN  STREET ADDRESS 2001 SW 3RD AVE 1.2 NAME OKEECHOBEE FL 1.2 TITLE D CANGE STORESS OTHER AVE 2.3 STREET ADDRESS CITY-ST-ZIP OKEECHOBEE FL 2.3 STREET ADDRESS CITY-ST-ZIP OKEECHOBEE FL 2.4 CITY-ST-ZIP OKEECHOBEE FL 2.4 CITY-ST-ZIP OKEECHOBEE FL 3.4 STREET ADDRESS CITY-ST-ZIP OKEECHOBEE FL 4.4 STREET ADDRESS OKEECHOBEE FL 4.4 STREET ADDRESS CITY-ST-ZIP OKEECHOBEE FL 4.4 STREET ADDRESS CITY-ST-ZIP OKEECHOBEE FL 4.4 STREET ADDRESS CITY-ST-ZIP OKEECHOBEE FL 4.4 STREET ADDRESS OKEECHOBEE FL 4.4	office or regi	istered agent, or both, in the State	of Florida. Such change was auti	horized	by 1	he corporation	n's board of directors. I hereby accept the a	opointment as reg	gistered
Signature, typed or printed rame of registered agent and title if applicables.   MOTE: Registered Agent signature required when relinstating)   SON	agent. i am i	tamiliar with, and accept the obliga	dons of, Section of 1.0303, Florid	ia Statu	163.				ĺ
TITLE SD DELETE 1.1 TITLE VD COWIN, MYRTLE C	SIGNATURE	mature broad or printed name of registered ager	t and title if applicable. (NOTE: R	tegistered A	Agent	signature required	when reinstating) DAT		<del></del>
NAME   WATSON, JOANN   12 NAME   COWIN, MYRTLE     34974				13.		<u> </u>	ADDITIONS/CHANGES TO OFFICER	AND DIRECTO	RS IN 12
NAME WATSON, JOANN  STREET ADDRESS  CITY-ST-ZIP OKEECHOBEE FL  TITLE  D  STONER, MARTHA  STREET ADDRESS  CITY-ST-ZIP  OKEECHOBEE FL  D  STONER, MARTHA  STREET ADDRESS  CITY-ST-ZIP  OKEECHOBEE FL  D  USHER, MERL  3107 S.E. 37th AVE.  OKEECHOBEE FL  TITLE  D  WAEECHOBEE FL  13 STREET ADDRESS  CITY-ST-ZIP  OKEECHOBEE FL  31 TITLE  D  WEECHOBEE FL  31 TITLE  D  WEECHOBEE FL  32 NAME  32 NAME  33 STREET ADDRESS  1350 NE 39TH BLVD.  OKEECHOBEE FL  34 CITY-ST-ZIP  OKEECHOBEE FL  34 CITY-ST-ZIP  NAME  DARVILLE, MAXCINE  STREET ADDRESS  1732 SW 35TH CIR  OKEECHOBEE FL  42 NAME  42 NAME  42 NAME  42 NAME  51 TITLE  D  NAME  DARVILLE, MAXCINE  STREET ADDRESS  1732 SW 35TH CIR  OKEECHOBEE FL  171LE  D  Change Addition	TITLE S	30	☐ DELETE	1.1 TITL	.E	V	TD.	☐ Change	X Addition
STREET ADDRESS   2001 SW 3RD AVE	_	_		1.2 NA	νE	I			
CITY-ST-ZIP	I			1.3 STR	REET A				
D	I								
NAME   STONER, MARTHA   22 NAME   USHER, MERL   31.07 S.E. 37th AVE.   Addition			☐ DELETE	_			, , , , , , , , , , , , , , , , , , ,	☐ Change	X Addition
STREET ADDRESS   3513 SE 35TH AVE   23 STREET ADDRESS   3107 S.E. 37th AVE.   3107 S.E. 37th AVE.   Addition	-			II.					
CITY-ST-ZIP	I	-							
DELETE   D	-					د ا			
NAME					_	-ZIP 0	KEECHOBEE, FL. 34974—	☐ Change	☐ Addition
33 STREET ADDRESS	-		□ pere ie					الم المالية	
CITY-ST-ZIP         OKEECHOBEE FL         3.4. CITY-ST-ZIP           TITLE         D         DELETE         4.1 TITLE         Change         Addition           NAME         DARVILLE, MAXCINE         4.2 NAME         4.3 STREET ADDRESS         CITY-ST-ZIP         CMEECHOBEE FL         4.4 CITY-ST-ZIP         CTTY-ST-ZIP         Change         Addition           NAME         AKINS, KENNETH         52 NAME         52 NAME         CTTY-ST-ZIP         Change         Addition	1 - 1	·-· · /		E .					1
TITLE         D         DELETE         4.1 TITLE         Change         Addition           NAME         DARVILLE, MAXCINE         4.2 NAME           STREET ADDRESS         1732 SW 35TH CIR         4.3 STREET ADDRESS           CITY-ST-ZIP         OKEECHOBEE FL         44 CITY-ST-ZIP           TITLE         PD         DELETE         5.1 TITLE           NAME         AKINS, KENNETH         52 NAME	I .					ADDRESS			1
NAME DARVILLE, MAXCINE	CITY-ST-ZIP 0	KEECHOBEE FL				-ZIP			Addition
STREET ADDRESS         1732 SW 35TH CIR         4.3 STREET ADDRESS           CITY-ST-ZIP         OKEECHOBEE FL         44 CITY-ST-ZIP           TITLE         PD         DELETE         5.1 TITLE           NAME         AKINS, KENNETH         52 NAME	-		☐ DELETE	4.1 TITL	Æ			Change	☐ Addition
CITY-ST-ZIP         OKEECHOBEE FL         44 CITY-ST-ZIP           TITLE         PD         DELETE         5.1 TITLE         Change         Addition           NAME         AKINS, KENNETH         52 NAME         Addition	NAME D	DARVILLE, MAXCINE		4.2 NA	ME				
TITLE         PD         DELETE         5.1 TITLE         Change         Addition           NAME         AKINS, KENNETH         52 NAME	STREET ADDRESS 1	732 SW 35TH CIR		4.3 STF	EET/	ADDRESS			
NAME AKINS, KENNETH 52 NAME	CITY-ST-ZIP 0	KEECHOBEE FL		4.4 CIT	Y-ST-	ZIP	, , , , , , , , , , , , , , , , , , ,		
ANINO, NCHINCITI	TITLE P	PD	☐ DELETE	5.1 TTT	LE			☐ Change	Addition
	NAME A	KINS, KENNETH		5.2 NA	1				
STREET ADDRESS 7950 HWY. 78 5.3 STREET ADDRESS 5.3 STREET ADDRESS				5.3 STREET ADDRES		ADDRESS			
CITY-ST-ZIP OKEECHOBEE FL 54 CITY-ST-ZIP				5.4 CITY-ST-ZIP		-ZIP	<u> </u>		•
Change Till 64 TILL . Change Till Addition	TITLE		☐ DELETE	6.1 TITL	LE			☐ Change	Addition
	NAME			6.2 NA	ΜE				
COMME				6.3 STF	REET/	ADORESS			ļ
COMME	CITY-ST-ZIP			6.4 CIT	Y-ST-	ZIP ·	•	·	<u> </u>

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, with all other like empowered.

SIGNATURE: \*