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Feb 21, 1999 8:00 am  
Secretary of State

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

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 729935**

1. Corporation Name  
**OKEECHOBEE COUNCIL ON AGING, INC.**

Principal Place of Business <b>230 S BARFIELD HWY PAHOKEE FL 33476</b>	Mailing Address <b>230 S BARFIELD HWY PAHOKEE FL 33476</b>
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\* 88691 - 90009 - 49 \*



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>06/13/1974</b>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>59-1544835</b>
22. City & State	27. City & State	Applied For <input type="checkbox"/> Not Applicable
23. Zip	28. Zip	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
24. Country	29. Country	6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
25. Country	30. Country	Trust Fund Contribution

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
<b>FL</b>
85. Zip Code

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

12. OFFICERS AND DIRECTORS

TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>WATSON, JOANN</b>	
STREET ADDRESS	<b>2001 SW 3RD AVE</b>	
CITY-ST-ZIP	<b>OKEECHOBEE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>STONER, MARTHA</b>	
STREET ADDRESS	<b>3513 SE 35TH AVE</b>	
CITY-ST-ZIP	<b>OKEECHOBEE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HEALEY, MARY</b>	
STREET ADDRESS	<b>1350 NE 39TH BLVD.</b>	
CITY-ST-ZIP	<b>OKEECHOBEE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>DARVILLE, MAXCINE</b>	
STREET ADDRESS	<b>1732 SW 35TH CIR</b>	
CITY-ST-ZIP	<b>OKEECHOBEE FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>AKINS, KENNETH</b>	
STREET ADDRESS	<b>7950 HWY. 78</b>	
CITY-ST-ZIP	<b>OKEECHOBEE FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>VD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>COWIN, MYRTLE</b>	
1.3 STREET ADDRESS	<b>4351 SE 26th ST</b>	
1.4 CITY-ST-ZIP	<b>OKEECHOBEE, FL. 34974</b>	
2.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>USHER, MERI</b>	
2.3 STREET ADDRESS	<b>3107 S.E. 37th AVE.</b>	
2.4 CITY-ST-ZIP	<b>OKEECHOBEE, FL. 34974</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: *Kenneth Akins* SIGNATURE REQUIRED *1/1/99 (561) 924-5561*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1198)