

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90118 005 ****61.25

DOCUMENT # 729935

1. Entity Name

OKEECHOBEE COUNCIL ON AGING, INC.

Principal Place of Business

Mailing Address

230 S BARFIELD HWY
 PAHOKEE FL 33476

230 S BARFIELD HWY
 PAHOKEE FL 33476-1834

C0007846



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1544835

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AKINS, KENNETH
9750 HWY. 78
OKEECHOBEE FL 34974

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD <input type="checkbox"/> Delete
NAME	WATSON, JOANN
STREET ADDRESS	2001 SW 3RD AVE
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 type="checkbox"/> Delete
NAME	DARVILLE, MAXCINE
STREET ADDRESS	1732 SW 35TH CIR
CITY-ST-ZIP	OKEECHOBEE FL
TITLE	PD <input type="checkbox"/> Delete
NAME	AKINS, KENNETH
STREET ADDRESS	7950 HWY. 78
CITY-ST-ZIP	OKEECHOBEE FL
TITLE	VD <input type="checkbox"/> Delete
NAME	COWIN, MYRTLE
STREET ADDRESS	4351 SE 26TH ST
CITY-ST-ZIP	OKEECHOBEE FL 34974

TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	USHER, MERLE
STREET ADDRESS	3107 SE 37TH AVE.
CITY-ST-ZIP	OKEECHOBEE, FL.
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kenneth Akins REQUIRED

561) 924-5561

SIGNATURE: **KENNETH AKINS, PRESIDENT**

Date

Daytime Phone #

CR2E037 (9/99)