

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729935

FILED  
Mar 18, 2009  
Secretary of State

Entity Name: OKEECHOBEE COUNCIL ON AGING, INC.

**Current Principal Place of Business:**

230 S BARFIELD HWY  
PAHOKEE, FL 33476

**New Principal Place of Business:**

**Current Mailing Address:**

230 S BARFIELD HWY  
PAHOKEE, FL 33476

**New Mailing Address:**

1311 SW 16TH STREET  
GAINESVILLE, FL 32608

FEI Number: 59-1544835

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GILROY, JOHN F  
1435 E. PIEDMONT DR. STE. 100  
TALLAHASSEE, FL 32308 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: SD ( ) Delete  
Name: WATSON, JOANN  
Address: 2001 SW 3RD AVE  
City-St-Zip: OKEECHOBEE, FL

Title: D ( ) Delete  
Name: BLEVINS, JOHNNIE  
Address: 969 SW 39TH LANE  
City-St-Zip: OKEECHOBEE, FL 34974

Title: D ( ) Delete  
Name: POLLOCK, MERLE  
Address: 1307 SE 3RD AVE.  
City-St-Zip: OKEECHOBEE, FL 34974

Title: D ( ) Delete  
Name: BROCATO, MAXCINE  
Address: 863 SE 25TH STREET  
City-St-Zip: OKEECHOBEE, FL 34974

Title: PD ( ) Delete  
Name: AKINS, KENNETH,  
Address: 7950 HWY. 78  
City-St-Zip: OKEECHOBEE, FL

Title: D ( ) Delete  
Name: STONER, MARTHA  
Address: 4283 S. 24TH STREET, LOT 26  
City-St-Zip: OKEECHOBEE, FL 34974

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES W ECKLOF JR

CFO

03/18/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date