


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 13, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 739435.</b> 1. Entity Name <b>HAMILTON COUNTY COUNCIL ON AGING, INC.</b>	
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Principal Place of Business <b>1509 SW FIRST ST JASPER, FL 32052</b>	Mailing Address <b>P.O. BOX 866 JASPER, FL 32052</b>
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01052004 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-1779340</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>WILLS, PHIL A 1113 FIELDCREST RD JASPER, FL 32052</b>
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>Filing Fee is \$61.25 Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>000000111505</b> <b>04/13/04-80021-005 61.25</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NESMITH, EDNA 504 10TH ST. SW JASPER, FL 32052
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TUTEN, MARGARET 520 2ND AVE S E JASPER, FL 32052
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOUNG, AUBRA 1427 SHADY OAK DR. JASPER, FL 32052
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OGBURN, RANDY P.O. BOX 390 WHITE SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FRANCIS, ALMARINE P.O. BOX 401 N/A WHITE SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BRYANT, LA BARFIELD P O BOX 122 JASPER, FL 32052

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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.

<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>04-12-04</b> <small>Date</small>	<b>(386) 792-1136</b> <small>Daytime Phone #</small>
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