


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90448 021 ****61.25

DOCUMENT # 739435 1. Entity Name HAMILTON COUNTY COUNCIL ON AGING, INC.					
Principal Place of Business 1509 SW FIRST ST JASPER, FL 32052			Mailing Address P.O. BOX 866 JASPER, FL 32052		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1779340	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WILLS, PHIL A 1113 FIELDCREST RD JASPER, FL 32052				Name Street Address (P.O. Box Number is Not Acceptable) 307 5th Street SE City Jasper FL Zip Code 32052	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NESMITH, EDNA 504 10TH ST. SW JASPER, FL 32052		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Udell, Lawrence 16904 2nd Street Jasper, FL 32052	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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 Cooks, Retha 16626 2nd Avenue White Springs, FL 32096	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOUNG, AUBRA 1427 SHADY OAK DR. JASPER, FL 32052		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Wills, Phil 307 5th Street SE Jasper, FL 32052	
	<input checked="" type="checkbox"/> Delete			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OGBURN, RANDY P.O. BOX 390 WHITE SPRINGS, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Braswell, Lenora 235 4th Avenue SE Jasper, FL 32052	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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	D Hodges, Winnie 10451 SW 56th Street Jasper, FL 32052	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BRYANT, LA BARFIELD P O BOX 122 JASPER, FL 32052		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Donalson, Ervin 10859 NW 37th Street Jasper, FL 32052	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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: <u>Kanoye Capps</u> Kanoye Capps, Exec. Director 04/08/05 (386)792-1136					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

ATTACHMENT

739435

40071080

Block 11: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

Title: D Addition ☒
Name: Gay, Sharon
Street Address: Hwy 41 North
City-ST-Zip: Jasper, FL 32052

Title: D Addition ☒
Name: Pierce, Luella
Street Address: 1339 Stephens Street
City-ST-Zip: Jennings, FL 32053

Title: M Addition ☒
Name: Kanoye Capps
Street Address: 1113 Park Lane
City-ST-Zip: Jasper, FL 32052