

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90037 010 ****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**

50005491



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03062006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-1779340

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

**WILLS, PHIL A
307 5TH STREET SE
JASPER, FL 32052**

Name **DONALDSON, ERVIN**

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

10859 NW 37TH ST

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

Ervin A. Donaldson

MARCH 16, 2006

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 **D** ☐ Delete
NAME **UELLE, LAWRENCE**
STREET ADDRESS **16904 2ND STREET**
CITY-ST-ZIP **JASPER, FL 32052**

TITLE **D** ☐ Change ☒ Addition
NAME **KING, EMMA**
STREET ADDRESS **859 NW CR 141**
CITY-ST-ZIP **JENNINGS, FL 32053**

TITLE **D** ☐ Delete
NAME **TUTEN, MARGARET**
STREET ADDRESS **16626 2ND AVENUE**
CITY-ST-ZIP **WHITE SPRINGS, FL 32096**

TITLE **D** ☐ Change ☒ Addition
NAME **SCAFF, JR., DECAR**
STREET ADDRESS **7337 NW CR 146**
CITY-ST-ZIP **JASPER, FL 32052**

TITLE **D** ☒ Delete
NAME **WILLS, PHIL**
STREET ADDRESS **307 5TH STREET SE**
CITY-ST-ZIP **JASPER, FL 32052**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☐ Delete
NAME **OGBURN, RANDY**
STREET ADDRESS **P O BOX 390**
CITY-ST-ZIP **WHITE SPRINGS, FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **FRANCIS, ALMARINE**
STREET ADDRESS **P.O. BOX 401 N/A**
CITY-ST-ZIP **WHITE SPRINGS, FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **BRYANT, LA BARFIELD**
STREET ADDRESS **P O BOX 122**
CITY-ST-ZIP **JASPER, FL 32052**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Kanoye Capps* **KANOYE CAPPS, EXECUTIVE DIRECTOR 3/6/06 386.792.1136**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #