


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 A
Secretary of State

DOCUMENT # 739435 1. Entity Name HAMILTON COUNTY COUNCIL ON AGING, INC.	
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Principal Place of Business 1509 SW FIRST ST JASPER, FL 32052	Mailing Address P.O. BOX 866 JASPER, FL 32052
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DO NOT WRITE IN THIS SPACE



04232007 No Chg-NP CR2E037 (4/06)

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

6. Name and Address of Current Registered Agent DONALDSON, ERVIN 1859 NW 37TH ST JASPER, FL 32052

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D UDELL, LAWRENCE 16904 2ND STREET JASPER, FL 32052
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TUTEN, MARGARET 16626 2ND AVENUE WHITE SPRINGS, FL 32096
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KING, EMMA 859 NW CR 141 JENNINGS, FL 32053
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

U00000747397
05/17/07-80024-004 61.25

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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: *Mazel Spencer* **Mazel Spencer, Executive Director** **04-20-07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #