

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90073 022 ****61.25

DOCUMENT # 739435

1. Entity Name

HAMILTON COUNTY COUNCIL ON AGING, INC.



Principal Place of Business

P.O. BOX 866
JASPER FL 32052

Mailing Address

P.O. BOX 866
JASPER FL 32052

2. Principal Place of Business

1509 S.W. First Street

3. Mailing Address

Suite, Apt. #, etc.

City & State
Jasper, FL

City & State

Zip
32052

Country
Hamilton

Zip

Country

4. FEI Number **59-1779340**

Applied For

Not Applicable

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
1113 FIELDCREST RD
JASPER FL 32052

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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 **NESMITH, EDNA**
STREET ADDRESS **504 10TH ST. SW**
CITY-ST-ZIP **JASPER FL 32052**

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

TITLE **VP** ☐ Delete
NAME **TUTEN, MARGARET**
STREET ADDRESS **520 2ND AVE S E**
CITY-ST-ZIP **JASPER FL 32052**

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

TITLE **D** ☐ Delete
NAME **YOUNG, AUBRA**
STREET ADDRESS **1427 SHADY OAK DR.**
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 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 *[Signature]* **Dorsey C. Stubbs, Exec. Dir.** 01-03-03 (386) 792-1136

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)