

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2002 8:00 am
Secretary of State

01-29-2002 90053 049 *****61.25

DOCUMENT # N01000003120

1. Entity Name

JACKSONVILLE COUNCIL ON AGING, INC.

Principal Place of Business

Mailing Address

230 S. BARFIELD HWY.
PAHOKEE FL 33476

230 S. BARFIELD HWY.
PAHOKEE FL 33476

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1100706

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

Name

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

City

FL

Zip Code

MCKIBBEN, R. BRUCE JR
1301 MICCOUSUKEE RD.
TALLAHASSEE FL 32308

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.

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
DP	AKINS, KENNETH	9840 SW 35 CT.	OKEECHOBEE FL 34974	<input type="checkbox"/>
DV	COWIN, MYRTLE	4351 SE 28 ST.	OKEECHOBEE FL 34974	<input type="checkbox"/>
DS	WATSON, JOANN	2001 SW 3 AVE.	OKEECHOBEE FL 34074	<input type="checkbox"/>
DCEO	BROCATO, MAXCINE	915 SE 15 ST.	OKEECHOBEE FL 34074	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
D	Stoner, Martha	3513 SE 35th Ave	Okeechobee FL	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Healey, Mary	1350 NE 35th Blvd	Okeechobee FL	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Hollock, Marie	3151 SE 31st Ave	Okeechobee FL	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Maxcine Brocato*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-02

Date

561-924-5561

Daytime Phone #

CR2E037 (9/01)