

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 729935

**Entity Name:** OKEECHOBEE COUNCIL ON AGING, INC.

**Current Principal Place of Business:**

230 S BARFIELD HWY  
PAHOKEE, FL 33476-1834

**Current Mailing Address:**

230 S BARFIELD HWY  
PAHOKEE, FL 33476-1834 US

**FEI Number:** 59-1544835

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SHIMBERG, ROBERT ESQ  
HILL, WARD, HENDERSON  
101 E. KENNEDY BLVD #3700  
TAMPA, FL 33602 US

*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:** ROBERT SHIMBERG

01/13/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name LOPEZ, ELIZABETH  
Address 2157 BACOM POINT ROAD  
City-State-Zip: PAHOKEE FL 33476

Title DIRECTOR  
Name BLEVINS, JOHNNIE  
Address 969 SW 39TH LANE  
City-State-Zip: OKEECHOBEE FL 34974

Title CEO  
Name HURT, EDWARD W  
Address 100 SW 75TH STREET  
SUITE 204  
City-State-Zip: GAINESVILLE FL 32607-5776

Title DIRECTOR  
Name BOHLEN, REGINA  
Address P.O. BOX 141  
City-State-Zip: PAHOKEE FL 33476

Title DIRECTOR  
Name BIGGS, ALLIE  
Address 1547 REV. JESSE BIGGS BLVD  
City-State-Zip: PAHOKEE FL 33476

Title DIRECTOR  
Name BANKS, HIKEEM  
Address 2021 SW PROVIDENCE PLACE  
City-State-Zip: PORT ST. LUCIE FL 34953

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** EDWARD HURT

C.E.O.

01/13/2017

Electronic Signature of Signing Officer/Director Detail

Date