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

Electronic Signature of Signing Officer/Director Detail

01/22/2016 EXECUTIVE DIRECTOR

Certificate of Status Desired: No

	Electronic Signature of Registered Agent					
ficer/Director Detail :						
le	DIRECTOR	Title				

Officer/Director Detail :						
Title	DIRECTOR	Title	DIRECTOR			
Name	LOPEZ, ELIZABETH	Name	BLEVINS, JOHNNIE			
Address	2157 BACOM POINT ROAD	Address	969 SW 39TH LANE			
City-State-Zip:	PAHOKEE FL 33476	City-State-Zip:	OKEECHOBEE FL 34974			
Title	EXECUTIVE DIRECTOR	Title	CHAIRMAN			
Name	HURT, EDWARD W	Name	WEBB, DOUG			
Address	1311 SW 16TH STREET	Address	4704 SE 6TH AVE. #A1			
City-State-Zip:	GAINESVILLE FL 32608-1128	City-State-Zip:	CAPE CORAL FL 33904			

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.

Name and Address of Current Registered Agent:

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

230 S BARFIELD HWY PAHOKEE, FL 33476-1831

Current Mailing Address:

GAINESVILLE. FL 32608-1128 US

SIGNATURE: ROBERT SHIMBERG

Current Principal Place of Business:

FEI Number: 59-1544835

1311 SW 16TH STREET

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT **DOCUMENT# 729935**

Entity Name: OKEECHOBEE COUNCIL ON AGING, INC.

FILED Jan 22, 2016 Secretary of State CC3878954826

01/22/2016 Date

Date