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	CEO	03/04/2024
SIGNATURE: EDWARD HURT	CEO	03/04/202

Electronic Signature of Signing Officer/Director Detail

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

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	E: ROBERT SHIMBERG			03/04/2024		
	Electronic Signature of Registered Agent			Date		
Officer/Director Detail :						
Title	DIRECTOR	Title	CEO			
Name	BLEVINS, JOHNNIE	Name	HURT, EDWARD W			
Address	969 SW 39TH LANE	SUITE	100 SW 75TH STREET SUITE 204			
City-State-Zip:	OKEECHOBEE FL 34974		GAINESVILLE FL 32607-5776			
Title	DIRECTOR	Title	DIRECTOR			
Name	BOHLEN, REGINA	Name	BIGGS, ALLIE			
Address	P.O. BOX 141	Address	1547 REV. JESSE BIGGS BLVE	,		
City-State-Zip:	PAHOKEE FL 33476	City-State-Zip:		,		
Title	DIRECTOR					
Name	BANKS, HIKEEM					
Address	2021 SW PROVIDENCE PLACE					
City-State-Zip:	PORT ST. LUCIE FL 34953					

Mar 04, 2024 Secretary of State 4395430130CC

FILED

Certificate of Status Desired: No

Date