


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2007 8:00 am
Secretary of State

03-02-2007 90020 014 ****61.25

DOCUMENT # N00000008375
 1. Entity Name
GAINESVILLE COUNCIL ON AGING, INC.



Principal Place of Business
**1311 SW 16TH ST.
 GAINESVILLE, FL 32608**

Mailing Address
**1311 SW 16TH ST.
 GAINESVILLE, FL 32608**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01172007 Chg-NP CR2E037 (12/06)

4. FEI Number
65-1075845 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



6. Name and Address of Current Registered Agent

**GILROY, JOHN F III
 1435 E PIEDMONT DR. STE. 100
 TALLAHASSEE, FL 32308**

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AKINS, KENNETH 9840 SW 35 CT OKEECHOBEE, FL 34974 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COWINS, MYRTLE 4351 SE 26 ST OKEECHOBEE, FL 34974 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WATSON, JOANN 2001 SW 3 AVE OKEECHOBEE, FL 34974 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD BROCATO, MAXCINE 863 SE 25TH ST OKEECHOBEE, FL 34974 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLEVINS, JOHNNIE 969 SW 39TH LANE OKEECHOBEE, FL 34974 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEALEY, MARY <input checked="" type="checkbox"/> Delete 1350 NE 39TH BLVD OKEECHOBEE, FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Merle Pollock <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3107 SE 3rd Avenue Okeechobee, FL 34974
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Martha Stoner <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4283 South 24th Street, Lot #26 Okeechobee, FL 34974

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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* **1-18-07** **863-634-1287**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #