

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jun 11, 2008
Secretary of State

DOCUMENT# N00000008375

Entity Name: GAINESVILLE COUNCIL ON AGING, INC.

Current Principal Place of Business:

1311 SW 16TH ST.
GAINESVILLE, FL 32608

New Principal Place of Business:

Current Mailing Address:

1311 SW 16TH ST.
GAINESVILLE, FL 32608

New Mailing Address:

FEI Number: 65-1075845 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: AKINS, KENNETH
Address: 9840 SW 35 CT
City-St-Zip: OKEECHOBEE, FL 34974

Title: VD () Delete
Name: COWINS, MYRTLE
Address: 4351 SE 26 ST
City-St-Zip: OKEECHOBEE, FL 34974

Title: SD () Delete
Name: WATSON, JOANN
Address: 2001 SW 3 AVE
City-St-Zip: OKEECHOBEE, FL 34974

Title: CEOD () Delete
Name: BROCATO, MAXCINE
Address: 863 SE 25TH ST
City-St-Zip: OKEECHOBEE, FL 34974

Title: D (X) Delete
Name: BLEVINS, JOHNIE
Address: 969 SW 39TH LANE
City-St-Zip: OKEECHOBEE, FL 34974

Title: D (X) Delete
Name: STONER, MARTHA
Address: 4283 SOUTH 24TH STREET LOT #26
City-St-Zip: OKEECHOBEE, FL 34974

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: AKINS, KENNETH
Address: 4425 SOUTH HIGHWAY 441
City-St-Zip: OKEECHOBEE, FL 34974

Title: D (X) Change () Addition
Name: JACOBSON, ORA
Address: 542 ROOKERY PLACE
City-St-Zip: JUPITER, FL 33458

Title: D (X) Change () Addition
Name: POLLOCK, MERLE
Address: 3107 SE 3RD AVENUE
City-St-Zip: OKEECHOBEE, FL 34974

Title: SD (X) Change () Addition
Name: BLEVINS, JOHNIE
Address: 969 SW 39TH LANE
City-St-Zip: OKEECHOBEE, FL 34974

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: KENNETH AKINS

PD

06/11/2008

Electronic Signature of Signing Officer or Director

_____ Date