

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008375

FILED
Apr 30, 2012
Secretary of State

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 (X)

Name and Address of Current Registered Agent:

WILLIS, DAVID C ESQ.
300 SOUTH ORANGE AVENUE
SUITE 1400
ORLANDO, FL 32801 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: D/CH
Name: BONNELL, ROSE MARIE
Address: 1006 SW 6TH STREET
City-St-Zip: OKEECHOBEE, FL 34974

Title: D/VC
Name: LOPEZ, ELIZABETH
Address: 2157 BACOM POINT ROAD
City-St-Zip: PAHOKEE, FL 33476

Title: D/S
Name: BLEVINS, JOHNNIE
Address: 969 SW 39TH LANE
City-St-Zip: OKEECHOBEE, FL 34974

Title: D
Name: WILLIAMS, JANET
Address: 8451 SW 15TH LANE
City-St-Zip: OKEECHOBEE, FL 34974

Title: D
Name: BASS, T. LAVON
Address: 20010 NW 5TH AVENUE
City-St-Zip: OKEECHOBEE, FL 34974

Title: CEO
Name: DARVILLE, MAXCINE
Address: 1311 SW 16TH STREET
City-St-Zip: GAINESVILLE, FL 32608

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

CFO

04/30/2012

Electronic Signature of Signing Officer or Director

Date