

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000008375

**Entity Name:** GAINESVILLE COUNCIL ON AGING, INC.

**Current Principal Place of Business:**

1311 SW 16TH ST.  
GAINESVILLE, FL 32608

**Current Mailing Address:**

1311 SW 16TH ST.  
GAINESVILLE, FL 32608

**FEI Number: 65-1075845**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

MOSKOWITZ, DEBORAH LESQ.  
255 S. ORANGE AVE - 9TH FLOOR  
ORLANDO, FL 32801 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title D/CH  
Name BONNELL, ROSE MARIE  
Address 1006 SW 6TH STREET  
City-State-Zip: OKEECHOBEE FL 34974

Title D/V/C  
Name LOPEZ, ELIZABETH  
Address 2157 BACOM POINT ROAD  
City-State-Zip: PAHOKEE FL 33476

Title D/S  
Name BLEVINS, JOHNNIE  
Address 969 SW 39TH LANE  
City-State-Zip: OKEECHOBEE FL 33476

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

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

Title CEO  
Name DARVILLE, MAXCINE  
Address 1311 SW 16TH STREET  
City-State-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: MAXCINE DARVILLE**

**CEO**

**01/25/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date