

2001 UNIFORM BUSINESS REPORT (UBR)

3/2

FILED
Apr 05, 2001 8:00 am
Secretary of State

03-22-2001 90046 045 ****70.00

DOCUMENT # N00000008375

1. Entity Name

GAINESVILLE COUNCIL ON AGING, INC.

Principal Place of Business

Mailing Address

**230 S BARFIELD HWY
 PAHOKEE FL 33476**

**230 S BARFIELD HWY
 PAHOKEE FL 33476**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1075845

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCKIBBEN, R. BRUCE JR
 1301 MICCOSUKEE RD
 TALLAHASSEE FL 32308**

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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	CEO BROCATO, MAXCINE 915 SE 15 ST OKEECHOBEE FL 34974	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E037 (10/00)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attachment
N0000060835
31709

GAINSEVILLE COUNCIL ON AGING, INC.
BOARD OF DIRECTORS

KENNETH AKINS, PRESIDENT
9840 S.W. 35th Court
Okeechobee, Florida 34974
(941) 467-4784

403-28-0383

MYRTLE COWIN, VICE PRESIDENT
4351 S.E. 26th Street
Okeechobee, Florida 34974
(941) 763-2144

398-38-2511

JOANN WATSON, SECRETARY/TREASURER
2001 S.W. 3rd Avenue
Okeechobee, Florida 34974
(941) 357-0832

368-56-3344

MAXCINE BROCATO, CHIEF EXECUTIVE OFFICER
915 S.E. 15th Street
Okeechobee, Florida 34974
(941) 763-1344

420-36-6280

MARY HEALEY
1350 N.E. 39th Blvd.
Okeechobee, Florida 34974
(941) 467-0387

169-16-4670

MARTHA STONER
1732 S.W. 35th Circle
Okeechobee, Florida 34974
(941) 467-1174

302-24-7897

MERL USHER
3107 S.E. 37th Avenue
Okeechobee, Florida 34974
(941) 467-1825

263-20-2605