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.

DIRECTOR

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

#### **Officer/Director Detail :**

Title	DIRECTOR	Title	DIRECTOR
Name	O'CARROLL, PAT	Name	WATHEN, STEVE
Address	3905 NW 37TH PLACE	Address	4653 TRUEMAN BOULEVARD SUITE 100
City-State-Zip:	GAINESVILLE FL 32606	City-State-Zip:	HILLIARD OH 43026

# 2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# N0000008375

Entity Name: GAINESVILLE COUNCIL ON AGING, INC.

## **Current Principal Place of Business:**

4842 SW ARCHER RD GAINESVILLE. FL 32608

## **Current Mailing Address:**

4653 TRUEMAN BLVD., SUITE 100 SUITE 100 HILLIARD, OH 43026 US

# FEI Number: 65-1075845

## Name and Address of Current Registered Agent:

LASH, ROBERT MOODY SALZMAN LASH & LOCIGNO 2770 NW 43 ST STE A GAINESVILLE, FL 32606 US

Certificate of Status Desired: No

Date

Electronic Signature of Signing Officer/Director Detail