

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

3-2-95 B-1749-1 XC

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morther  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 728675 (0)  
1. Corporation Name  
INDIAN RIVER COUNTY COUNCIL ON AGING, INC.

Principal Place of Business Mailing Address  
694 14TH ST PO BOX 2102 VERO BCH FL 32960  
694 14TH ST PO BOX 2102 VERO BCH FL 32960

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/30/1974 3a. Date of Last Report 02/18/1994

4. FEI Number 59-1539957 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suits, Apt. #, etc. 2b. Suits, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
SCHEMEL, JOSEPH W.  
280 LLWYD'S LANE  
VERO BCH FL 32963

10. Name and Address of New Registered Agent  
81 Name Raymond J. Odiorne  
82 Street Address (P.O. Box Number is Not Acceptable) 1133 Sea Hunt Drive  
83  
84 City Vero Beach FL 85 Zip Code 32963

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Raymond J. Odiorne* Raymond J. Odiorne 2-1-95  
DATE

12. OFFICERS AND DIRECTORS

TITLE PD	NAME SCHEMEL, JOSEPH W.
STREET ADDRESS	280 LLWYD'S LANE
CITY-ST-ZIP	VERO BCH FL
TITLE VD	NAME TIPPIN, JOHN
STREET ADDRESS	COUNTY ADMIN. BLDG., 1840 25TH ST.
CITY-ST-ZIP	VERO BCH FL
TITLE SD	NAME LABARRE, GEORGE P.
STREET ADDRESS	2605 COUNTRY CLUB DRIVE
CITY-ST-ZIP	VERO BEACH FL
TITLE TD	NAME WILLIAMS, MICHAEL T.
STREET ADDRESS	5870 GLEN EAGLE LANE
CITY-ST-ZIP	VERO BEACH FL
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D	1.2 NAME President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.3 STREET ADDRESS	Raymond J. Odiorne	
1.4 CITY-ST-ZIP	1133 Sea Hunt Drive Vero Beach FL 32963	
2.1 TITLE D	2.2 NAME Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.3 STREET ADDRESS	Crawford A. Black	
2.4 CITY-ST-ZIP	166 Ocean Way Vero Beach FL 32963	
3.1 TITLE D	3.2 NAME Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.3 STREET ADDRESS	Joseph W. Schemel	
3.4 CITY-ST-ZIP	280 Llwyd's Lane Vero Beach FL 32963	
4.1 TITLE D	4.2 NAME Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.3 STREET ADDRESS	Robert J. Mac William	
4.4 CITY-ST-ZIP	First Amer. Bk., 4000 20th St. Vero Beach FL 32960	
5.1 TITLE	5.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	6.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if checked, or on an attachment with an address.

SIGNATURE: *Raymond J. Odiorne* Raymond J. Odiorne, President  
Board of Directors 2-1-95 1-407-569-0760  
DATE