

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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**

3. Date Incorporated or Qualified **01/30/1974** 3a. Date of Last Report **03/02/1995**

21	2. Principal Place of Business	2a	Mailing Address	4	FEI Number 59-1539957	Applied For Not Applicable
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	5	Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	27	City & State	6	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	28	Zip	8	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
25	Country	29	Country			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ODIORNE, RAYMOND J. 1133 SEA HUNT DRIVE VERO BEACH FL 32963				81	Name	Crawford A. Black	
				82	Street Address (P.O. Box Number is Not Acceptable)	166 Ocean Way	
				83			
				84	City	Vero Beach	85

11. Pursuant to the provisions of Sections 617.002 and 617.1508, 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 617.0507, Florida Statutes.

SIGNATURE *Crawford A. Black* **2/1/96**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	President D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ODIORNE, RAYMOND J	1.2 NAME	Black, Crawford A.
STREET ADDRESS	1133 SEA HUNT DRIVE	1.3 STREET ADDRESS	166 Ocean Way
CITY-ST-ZIP	VERO BEACH FL	1.4 CITY-ST-ZIP	Vero Beach FL 32963
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	Vice President D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACK, CRAWFORD A	2.2 NAME	Schemel, Joseph
STREET ADDRESS	166 OCEAN WAY	2.3 STREET ADDRESS	280 Llwyd's Lane
CITY-ST-ZIP	VERO BEACH FL	2.4 CITY-ST-ZIP	Vero Beach FL 32963
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	Secretary D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHEMEL, JOSEPH W	3.2 NAME	Buffum, Carol
STREET ADDRESS	280 LLWYD'S LANE	3.3 STREET ADDRESS	1965 Anglers Cove
CITY-ST-ZIP	VERO BEACH FL	3.4 CITY-ST-ZIP	Vero Beach FL 32963
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	Treasurer D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM, ROBERT J. MAC	4.2 NAME	MacWilliam, Robert J.
STREET ADDRESS	FIRST AMER. BK., 400 20TH ST	4.3 STREET ADDRESS	4000 20th St.
CITY-ST-ZIP	VERO BEACH FL	4.4 CITY-ST-ZIP	Vero Beach FL 32960
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	700001740877
CITY-ST-ZIP		5.4 CITY-ST-ZIP	-03/13/96--01024--017
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	***61.25
NAME		6.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Crawford A. Black* **Crawford A. Black** **2/1/96** **407-569-0760**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)

AKS
3-12-96