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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995
 FLORIDA DEPARTMENT OF STATE
 Sandra B. Morhart
 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 694 14TH ST
 PO BOX 2102 PO BOX 2102
 VERO BCH FL 32960 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 28 Country 29 Zip 30 Country

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
Signature, typed or printed name of registered agent and title of applicant. (NOTE: Registered Agent signature required when re-registering) 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
 1.1 TITLE D President Change Addition
 1.2 NAME Raymond J. Odiorne
 1.3 STREET ADDRESS 1133 Sea Hunt Drive
 1.4 CITY-ST-ZIP Vero Beach FL 32963
 2.1 TITLE D Vice President Change Addition
 2.2 NAME Crawford A. Black
 2.3 STREET ADDRESS 166 Ocean Way
 2.4 CITY-ST-ZIP Vero Beach FL 32963
 3.1 TITLE D Secretary Change Addition
 3.2 NAME Joseph W. Schemel
 3.3 STREET ADDRESS 280 Llywd's Lane
 3.4 CITY-ST-ZIP Vero Beach FL 32963
 4.1 TITLE D Treasurer Change Addition
 4.2 NAME Robert J. Mac William
 4.3 STREET ADDRESS First Amer. Bk., 4000 20th St.
 4.4 CITY-ST-ZIP Vero Beach FL 32960
 5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP
 6.1 TITLE Change Addition
 6.2 NAME
 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
Signature and typed or printed name of signing officer or director Date