

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

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	<b>Crawford A. Black</b>
		82 Street Address (P.O. Box Number is Not Acceptable)	<b>166 Ocean Way</b>
		83	
		84 City	<b>Vero Beach FL 85 Zip Code 32963</b>

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	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	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	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	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		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	<b>700001740877</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>-03/13/96--01024--017</b>
TITLE		6.1 TITLE	<b>***61.25</b>
NAME		6.2 NAME	
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*