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Jul 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

694 14TH ST
PO BOX 2102
VERO BCH FL 32960-5770

3. Date Incorporated or Qualified 01/30/1974
3a. Date of Last Report 03/12/1996

2. Principal Place of Business

2a. Mailing Address

21 Suits, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BLACK, CRAWFORD A
166 OCEAN WAY
VERO BEACH FL 32963

81 Name Carol Buffum
82 Street Address (P.O. Box Number is Not Acceptable) 1965 Anglers Cove
83
84 City Vero Beach FL 85 Zip Code 32963

11. Pursuant to the provisions of Sections 617.0502 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 617.0503, Florida Statutes.

SIGNATURE Carol Buffum Pres. of Board 3/11/97
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
NAME	BLACK, CRAWFORD A	
STREET ADDRESS	166 OCEAN WAY	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	SCHEMEL, JOSEPH	
STREET ADDRESS	280 LLOYD'S LANE	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BUFFUM, CAROL	
STREET ADDRESS	1965 ANGLERS COVE	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MACWILLIAM, ROBERT J	
STREET ADDRESS	4000 20TH STREET	
CITY-ST-ZIP	VERO BEACH FL 32960	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	President D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Buffum, Carol	
1.3 STREET ADDRESS	1965 Anglers Cove	
1.4 CITY-ST-ZIP	Vero Beach Fl. 32963	
2.1 TITLE	Vice President D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Jackson, Raymond	
2.3 STREET ADDRESS	P.O. Box 6547 N/A	
2.4 CITY-ST-ZIP	Vero Beach Fl. 32961	
3.1 TITLE	Secretary D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Ash, Agie	
3.3 STREET ADDRESS	921 Greenway Lane	
3.4 CITY-ST-ZIP	Vero Beach Fl. 32963	
4.1 TITLE	Treasurer D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Workum, David	
4.3 STREET ADDRESS	178 Ocean Spray Ct.	
4.4 CITY-ST-ZIP	Vero Beach Fl. 32963	
5.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	000002232250	
6.3 STREET ADDRESS	-07/08/97--01004--017	
6.4 CITY-ST-ZIP	***61.25	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Carol Buffum 4/15/97

CR2E037 (9/96)