

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Jan 27 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 728675 (0)**  
1. Corporation Name  
**INDIAN RIVER COUNTY COUNCIL ON AGING, INC.**



Principal Place of Business 694 14TH ST PO BOX 2102 VERO BCH FL 32960	Mailing Address 694 14TH ST PO BOX 2102 VERO BCH FL 32960
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3. Date Incorporated or Qualified <b>01/30/1974</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
4. FEI Number <b>59-1539957</b>		
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

**9. Name and Address of Current Registered Agent**

**BUFFUM, CAROL A**  
1965 ANGLERS COVE  
VERO BEACH FL 32963

**10. Name and Address of New Registered Agent**

81 Name  
**WORKUM, DAVID**

82 Street Address (P.O. Box Number is Not Acceptable)  
**178 OCEAN SPRAY CT.**

83

84 City  
**VERO BEACH**

85 Zip Code  
**FL 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 *David Workum* **David Workum, President** 1/12/98  
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 NAME STREET ADDRESS CITY-ST-ZIP	PD BUFFUM, CAROL 1965 ANGLERS COVE VERO BEACH FL 32963 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	President (PD) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Workum, David 178 Ocean Spray Ct. Vero Beach Fl. 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD JACKSON, RAYMOND P.O. BOX 6547 N/A VERO BEACH FL 32961 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Vice-President (VPD) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Robb, Bayard 4826 Wood Duck Circle Vero Beach Fl. 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ASH, AGIE 921 GREENWAY LANE VERO BEACH FL 32963 <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	Secretary (SD) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Mather, Kelly 733 N. Fischer Circle Sebastian Fl. 32958
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WORKUM, DAVID 178 OCEAN SPRAY CT. VERO BEACH FL 32963 <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	Treasurer (TD) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Tilney, Bud 1515 Orchid Drive Vero Beach Fl. 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** *David Workum* **David Workum** 1/12/98 561-569-0760  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE

CR2E037 (10/97)