
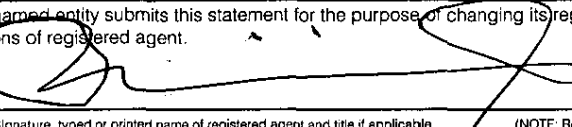


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90327 020 \*\*\*\*70.00

UBR/UBR

<b>DOCUMENT # 728675</b>			
1. Entity Name <b>INDIAN RIVER COUNTY COUNCIL ON AGING, INC.</b>			
Principal Place of Business <b>694 14TH ST PO BOX 2102 VERO BCH FL 32960</b>		Mailing Address <b>694 14TH ST PO BOX 2102 VERO BCH FL 32960</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>WILLIAMSON, BILL JR 604 EUGENIA ROAD VERO BEACH FL 32963</b>		7. Name and Address of New Registered Agent Name <b>Williamson, Bill Jr.</b> Street Address (P.O. Box Number is Not Acceptable) <b>604 Eugenia Road</b> City <b>Vero Beach</b> FL Zip Code <b>32963</b>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE 		DATE	



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1539957** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**FILE NOW: FEE IS \$61.25** 9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees **Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME PD <b>WILLIAMSON, BILL JR.</b>	<input type="checkbox"/> Delete	TITLE NAME PD <b>WILLIAMSON, BILL JR.</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>604 EUGENIA RD</b>		STREET ADDRESS <b>604 EUGENIA RD</b>	
CITY-ST-ZIP <b>VERO BEACH FL 32963</b>		CITY-ST-ZIP <b>VERO BEACH FL 32963</b>	
TITLE NAME VPD <b>MATHER, KELLY</b>	<input type="checkbox"/> Delete	TITLE NAME VPD <b>MATHER, KELLY</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>733 N FISCHER CIRCLE</b>		STREET ADDRESS <b>733 N FISCHER CIRCLE</b>	
CITY-ST-ZIP <b>SEBASTIAN FL 32958</b>		CITY-ST-ZIP <b>SEBASTIAN FL 32958</b>	
TITLE NAME TD <b>TILNEY BUD</b>	<input type="checkbox"/> Delete	TITLE NAME TD <b>TILNEY, BUD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>1515 ORCHID DR</b>		STREET ADDRESS <b>1515 ORCHID DR</b>	
CITY-ST-ZIP <b>VERO BEACH FL 32963</b>		CITY-ST-ZIP <b>VERO BEACH FL 32963</b>	
TITLE NAME SD <b>KAY, JOAN</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME SD <b>WALKER, ALETHEA</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>200 SABLE OAK LANE</b>		STREET ADDRESS <b>2010 CLUB DRIVE</b>	
CITY-ST-ZIP <b>VERO BEACH FL 32963</b>		CITY-ST-ZIP <b>VERO BEACH FL 32963</b>	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **SIGNATURE REQUIRED**

CR2E037 (10/02)