

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 729335 (0)

1. Corporation Name

COUNCIL ON AGING OF MARTIN COUNTY, INC.

RECEIVED
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

95 FEB -6 PM 12:24

Principal Place of Business

Mailing Address

1071 E 10TH ST
P.O. BOX 3029
STUART FL 34995

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P.O. BOX 3029
STUART FL 34995

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/11/1974

3a. Date of Last Report

02/10/1994

4. FEI Number

52-1007762

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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RIFKIN, GENE
1071 E 10TH ST
STUART FL 34996

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and fee 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~~

NAME

~~JERANSKY, JOSEPH~~

STREET ADDRESS

~~2339 SW BOBALINK~~

CITY - ST - ZIP

~~PALM CITY FL~~

TITLE

SD

NAME

TUCK, HELEN

STREET ADDRESS

175 SW ST LUCIE BLVD.

CITY - ST - ZIP

STUART FL

TITLE

VD

NAME

ALFORD, SONDR

STREET ADDRESS

819 S FEDERAL HWY, STE 100

CITY - ST - ZIP

STUART, FL 00000

TITLE

TD

NAME

KEANE, GREGORY G

STREET ADDRESS

900 E OCEAN BLVD

CITY - ST - ZIP

STUART FL

TITLE

~~VB~~

NAME

CORNETT, JANE

STREET ADDRESS

401 E OSCEOLA ST

CITY - ST - ZIP

STUART FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☒ Change ☐ Addition

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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 110.07(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:

Helen Tuck (HELEN TUCK) 1/20/95 283-8377

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Anytime Before)