2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005
Secretary of State

DOCUMENT# 729335

Entity Name: COUNCIL ON AGING OF MARTIN COUNTY, INC.

Current Principal Place of Business:

1071 E 10TH ST
STUART, FL 34996

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3029
STUART, FL 34995

New Mailing Address:

FEI Number: 52-1007762 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KAUFFMAN, BARBARA
1071 E 10TH ST
STUART, FL 34996 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: SD ( ) Delete
Name: GRAY, JOAN
Address: 1071 E 10TH ST
City-St-Zip: STUART, FL 34995

Title: VD ( ) Delete
Name: PESCITELLI, MIKE
Address: 1071 E 10TH ST
City-St-Zip: STUART, FL 34995

Title: CD ( ) Delete
Name: CLEAVER, CHARLES R
Address: 1071 E. 10TH ST
City-St-Zip: STUART, FL 34996

Title: D ( ) Delete
Name: SCHOONOVER, NICKI
Address: 1071 E. 10TH ST
City-St-Zip: STUART, FL 34996

Title: TD ( ) Delete
Name: JOHNSON, GLENN
Address: 1071 E 10TH ST
City-St-Zip: STUART, FL 34996

Title: P ( ) Delete
Name: KAUFFMAN, BARBARA
Address: 1071 E 10TH ST
City-St-Zip: STUART, FL 34996

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA KAUFFMAN P 04/28/2005
Electronic Signature of Signing Officer or Director — Date