

2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 729335

FILED
Dec 23, 2010
Secretary of State

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:

1071 E 10TH ST
STUART, FL 34996

FEI Number: 52-1007762

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KAUFFMAN, BARBARA A
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: BARBARA A. KAUFFMAN

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S
Name: COFFEY, CHRISTOPHER H
Address: 1071 E 10TH ST
City-St-Zip: STUART, FL 34995

Title: T
Name: CLEAVER, CHARLES R
Address: 1071 E 10TH ST
City-St-Zip: STUART, FL 34995

Title: D
Name: RODGERS, GERTRUDE
Address: 1071 E. 10TH ST
City-St-Zip: STUART, FL 34996

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

Title: C
Name: RAYNES, ROBERT S JR
Address: 1071 E 10TH ST
City-St-Zip: STUART, FL 34996

Title: PCEO
Name: KAUFFMAN, BARBARA A
Address: 1071 E 10TH ST
City-St-Zip: STUART, FL 34996

I hereby 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 all other like empowered.

SIGNATURE: BARBARA A. KAUFFMAN

PCEO

12/23/2010

Electronic Signature of Signing Officer or Director

Date