

FILE NOW: FILING FEE IS \$61.25

FILED  
May 21 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N96000003477 (4)**  
1. Corporation Name  
**COUNCIL ON AGING OF MARTIN COUNTY ALLIANCE, INC.**



Principal Place of Business <b>1071 EAST 10TH STREET STUART FL 34996</b>	Mailing Address <b>P.O. BOX 3029 STUART FL 34995-3029</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/26/1996</b>	3a. Date of Last Report <b>N/A</b>
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number <b>65-0697328</b>	Applied For <input type="checkbox"/> Not Applicable
23 Zip	24 Country	28 Zip	29 Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

**MORALES, ESPERANZA**  
**1071 EAST 10TH STREET**  
**STUART FL 34996**

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			<b>FL</b>	

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 *Esperanza Morales*  
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	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE
NAME	<b>ALFORD, SONDR</b>	1.2 NAME
STREET ADDRESS	<b>1071 EAST 10TH STREET</b>	1.3 STREET ADDRESS
CITY-ST-ZIP	<b>STUART FL 34996</b>	1.4 CITY-ST-ZIP
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE
NAME	<b>WEBER, JEFFERY L</b>	2.2 NAME
STREET ADDRESS	<b>2400 S.E. FEDERAL HIGHWAY</b>	2.3 STREET ADDRESS
CITY-ST-ZIP	<b>STUART FL 34996</b>	2.4 CITY-ST-ZIP
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE
NAME	<b>SCHOONOVER, NICKI</b>	3.2 NAME
STREET ADDRESS	<b>1071 EAST 10TH STREET</b>	3.3 STREET ADDRESS
CITY-ST-ZIP	<b>STUART FL 34996</b>	3.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE
NAME		4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS
CITY-ST-ZIP		4.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

<b>P</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.1 TITLE
1.2 NAME <b>DAVID COLLIER</b>
1.3 STREET ADDRESS <b>1071 E 10th Street</b>
1.4 CITY-ST-ZIP <b>Same Stuart FL 34996</b>
2.1 TITLE <b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME <b>Keane, Gregory</b>
2.3 STREET ADDRESS <b>900 E. OCEAN Blvd #244</b>
2.4 CITY-ST-ZIP <b>Stuart FL 34994</b>
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE <b>M</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME <b>Barbara A. Kauffman</b>
4.3 STREET ADDRESS <b>1071 E. 10th Street</b>
4.4 CITY-ST-ZIP <b>Stuart FL 34996</b>
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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 *Barbara A. Kauffman* **REQUIRED**

CR2E037 (9/96)