

MP

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FILED

May 05 1998 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N96000003477 (4)

1. Corporation Name

COUNCIL ON AGING OF MARTIN COUNTY ALLIANCE, INC.

## Principal Place of Business

1071 EAST 10TH STREET  
STUART FL 34998

## Mailing Address

P.O. BOX 3029  
STUART FL 34995

## 3. Date Incorporated or Qualified

06/26/1996

## 4. FEI Number

65-0697328

## Applied For

Not Applicable

## 2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City &amp; State

23 Zip Country

24 Zip Country

## 2a. Mailing Address

26 Suite, Apt. #, etc.

27 City &amp; State

28 Zip Country

29 Zip Country

## 5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees

## 7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.☐ Yes ☒ No

## 9. Name and Address of Current Registered Agent

MORALES, ESPERANZA  
1071 EAST 10TH STREET  
STUART FL 34998

## 10. Name and Address of New Registered Agent

## 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 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

(NOTE: Registered Agent signature required when reinstating)

1/7/98

## 12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETENAME GREGORY, KEANE  
STREET ADDRESS 900 E. OCEAN BLD. #244  
CITY-ST-ZIP STUART FL 34994TITLE D ☒ DELETENAME WEBER, JEFFERY L  
STREET ADDRESS 2400 S.E. FEDERAL HIGHWAY  
CITY-ST-ZIP STUART FL 34998TITLE D ☐ DELETENAME SCHOONOVER, NICKI  
STREET ADDRESS 1071 EAST 10TH STREET  
CITY-ST-ZIP STUART FL 34998TITLE P ☐ DELETENAME COLLIER, DAVID  
STREET ADDRESS 1071 EAST 10TH STREET  
CITY-ST-ZIP STUART FL 34998TITLE M ☐ DELETENAME KAUFFMAN, BARBARA  
STREET ADDRESS 1071 EAST 10TH STREET  
CITY-ST-ZIP STUART FL 34998TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE S/D Secretary + Director ☐ Change ☒ Addition

1.2 NAME Sherry Guy

1.3 STREET ADDRESS 55 E. Ocean Blvd

1.4 CITY-ST-ZIP Stuart FL 34994

2.1 TITLE T/D Treasurer + Director ☐ Change ☒ Addition

2.2 NAME Charles R. Cleaver

2.3 STREET ADDRESS PO Box 9033 NA

2.4 CITY-ST-ZIP Stuart FL 34995

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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

Charles R. Cleaver

JCS  
DED \$61.25

CR2E037 (10/97)