

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90095 006 ****61.25

DOCUMENT # N96000003477

1. Entity Name

COUNCIL ON AGING OF MARTIN COUNTY ALLIANCE, INC.

Principal Place of Business

Mailing Address

1071 EAST 10TH STREET
 STUART FL 34996

P.O. BOX 3029
 STUART FL 34995-3029

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0697328

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORALES, ESPERANZA
 1071 EAST 10TH STREET
 STUART FL 34996

Name **Barbara A. Kauffman**

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

1071 E. 10th Street

City **Stuart**

FL

Zip Code **34996**

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

11/8/2000
 DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** Delete
 NAME **CLEAVER, CHARLES R**
 STREET ADDRESS **PO BOX 9033**
 CITY-ST-ZIP **STUART FL 34995**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DC** Delete
 NAME **SCHOONOVER, NICKI**
 STREET ADDRESS **1071 EAST 10TH STREET**
 CITY-ST-ZIP **STUART FL 34996**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V** Delete
 NAME **WEBBER, JE**
 STREET ADDRESS **1071 EAST 10TH STREET**
 CITY-ST-ZIP **STUART FL 34996**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **M** Delete
 NAME **KAUFFMAN, BARBARA**
 STREET ADDRESS **1071 EAST 10TH STREET**
 CITY-ST-ZIP **STUART FL 34996**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** Delete
 NAME **GRAY, JOAN**
 STREET ADDRESS **1071 E 10TH ST**
 CITY-ST-ZIP **STUART FL 34996**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-2000

Date

(561)

223-7800

Daytime Phone #

CR2E037 (9/99)