

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 27, 2007  
Secretary of State**

DOCUMENT# N96000003477

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

**Current Principal Place of Business:**

1071 EAST 10TH STREET  
STUART, FL 34996

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 3029  
STUART, FL 34995

**New Mailing Address:**

FEI Number: 65-0697328      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KAUFFMAN, BARBARA A  
1071 EAST 10TH STREET  
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: DC      ( ) Delete  
Name: CLEAVER, CHARLES R  
Address: 1071 EAST 10TH STREET  
City-St-Zip: STUART, FL 34996

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

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

Title: SD      ( ) Delete  
Name: GRAY, JOAN  
Address: 1071 E 10TH ST  
City-St-Zip: STUART, FL 34996

Title: TD      ( ) Delete  
Name: JOHNSON, GLENN  
Address: 1071 EAST 10TH STREET  
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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 A. KAUFFMAN

P

04/27/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date