


FILE NOW: FILING FEE IS \$61.25

FILED
May 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000003478 (2)**

1. Corporation Name

COUNCIL ON AGING OF MARTIN COUNTY FOUNDATION, INC.



Principal Place of Business

Mailing Address

**1071 EAST 10TH STREET
STUART FL 34996**

**P.O. BOX 3029
STUART FL 34995-3029**

3. Date Incorporated or Qualified **06/26/1996** 3a. Date of Last Report **N/A**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 65-0697326		Applied For <input type="checkbox"/> Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 Zip		28 Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
24 Country		29 Country		30			

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	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 617.0509, Florida Statutes.

SIGNATURE *Esperanza Morales* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALFORD, SONDR	1.2 NAME	DAVID COLLIER
STREET ADDRESS	1071 EAST 10TH STREET	1.3 STREET ADDRESS	1071 E. 10th Street
CITY-ST-ZIP	STUART FL 34996	1.4 CITY-ST-ZIP	Stuart FL 34996
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEBER, JEFFERY L	2.2 NAME	Keane, Gregory
STREET ADDRESS	2400 S.E. FEDERAL HIGHWAY	2.3 STREET ADDRESS	900 S. OCEAN Blvd # 244
CITY-ST-ZIP	STUART FL 34996	2.4 CITY-ST-ZIP	Stuart FL 34994
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHOONOVER, NICKI	3.2 NAME	
STREET ADDRESS	1071 EAST 10TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL 34996	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	M <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	BARBARA H. KAUFFMAN
STREET ADDRESS		4.3 STREET ADDRESS	1071 E 10th Street
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Stuart FL 34996
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	4000002142614 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	-04/14/97--01040--031
STREET ADDRESS		6.3 STREET ADDRESS	***183.75
CITY-ST-ZIP		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 recipient 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.

CR2E037 (9/96)