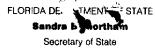
## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT CORPORATION ANNUAL REPORT** 





DIVISION OF CORPORATIONS

1997

DOCUMENT #

N96000003478 (2)

COUNCIL ON AGING OF MARTIN COUNTY FOUNDATION, IN

Principal Place of Business

Mailing Address

1071 EAST 10TH STREET

P.O.BOX 3029

## **FILED** May 21 1997 8:00am Secretary of State



STUART FL 34	996	STUART FL 34995-3029									
4						3. Date Incorporate 06/26/19:		3a. Date of		eport	
2. Principal P	ace of Business	2a. Mailing Address				4. FEI Number		<u> </u>	Ap	plied For	
21		26				65-0	697320	<b>'</b>	No	t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Stat			3.75	Additional	
22		27				5. Continuate of Stat	15 Desired		Fee Re	quired	
City & State	3	City & State				6. Election Campaig				May Be	
Zip	Country	28 Zip	Cour	ntr./	-	Trust Fund Contri				o Fees	
24	25	29	30	шу		<ol><li>This corporation for the statutes</li></ol>		ntangible tax u Yes 🔀 No		199.032,	
	9. Name and Address of Current		1901			10. Name and Addre					
न्द				61	Name			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	·		
MORALI	ES, ESPERANZA		-		Ctront Address	- (D.O. D N	. No. 4				
	IST 10TH STREET		82			Street Address (P.O. Box Number is Not Acceptable)					
	FL 34996			B3							
1/2				B4 (	Citv			12-	1 50 2		
					•			FL 85	Zip (		
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    Signature   Signature   Signature required when reinstating   DATE   DATE   DATE   DATE   DATE   Signature required when reinstating   DATE   D											
12.	OFFICEBS AND		13.		•	ADDITIONS/CHAN	GES TO OFFICE		CTOR	S IN 12	
- JITLE	Ď	DELET <b>E</b>	1.1 1(1)	.E	-1				hange	Addition	
NAME	<b>ALFORD, SONDRA</b>		1,2 NA	ΛE	DA	VID COLLIE	R				
STREET ADDRESS	1071 EAST 10TH STREET		1.3 STA	EET AD	DRESS 107	1 E. 10th	Street				
CITY-ST-ZIP	STUART FL 34996		1.4 CIT	Y-ST-2	ZIP 5+1	uart Fl	349	.96			
TITLE	D	☐ DELETE	2.1 TITU	E	$Q_{-}$				hange	Addition	
NAME	WEBER, JEFFERY L		2.2 NA	ΛE	Ked	ine, Greg ic ocean vart FL	Dund 4	2/1//			
STREET ADDRESS	2400 S.E. FEDERAL HIGHWAY		2.3 STR	EET AD	DRESS 460	e ocean	8 W4 =	MAA			
CITY-ST-ZIP	STUART FL 34996	D DELETE	2. 4 CIT		ZIP 37	vart FL	34774				
TITLE	D D	☐ DELETE	3.1 TITL	-					hange	Addition	
NAME	SCHOONOVER, NICKI 1071 EAST 10TH STREET		3.2 NAM								
STREET ADDRESS  CITY-ST-ZIP	STUART FL 34998		3.3 STR								
TITLE	OTOMIT (E 04880	DELETE	3.4. CIT 4.1 TITL		M				hanaa	Addition	
NAME			4. 2 NA	-		BARA A.	CAUFEMA		i zari i go	אין אים אים אים	
STREET ADDRESS			4.3 STR		ביענג אוויי	I E 10th St	rect ! T				
CITY-ST-ZIP			4.4 CIT			art FL	34996				
TITLE		DELETE	5.1 TITL		370		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		hange	no <b>fishb</b> A	
NAME			5.2 NAN					۰	. \	-1221	
STREET ADDRESS			5.3 STR		DRESS				W	1/1/	
CITY-ST-ZIP			5.4 CITY						41	12 / V	
TITLE		DELETE	6.1 TITL			A (*)		25 16	hange	Addition	
NAME			6.2 NAN	1E		<b>4000</b> -04/14/	シャニュ <b>ー</b> 3701040	<b>८७ / ™</b> ՌՈՉ1	•		
STREET ADDRESS			6.3 STR	EET ADI	DRESS	***183.	21 OIOM 75	0 001			
CITY-ST-ZIP			6.4 CITY	- ST - Z	nP .	TO THE PARTY OF TH	. · ·				

I do hereby certify that the information supplied with this filling 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 received 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 applicationent with an address.