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Jun 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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, IN
C.**

Principal Place of Business

Mailing Address

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

**P.O. BOX 3029
STUART FL 34996**



2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	

3. Date Incorporated or Qualified

06/26/1996

4. FEI Number

65-0697326

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. 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

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 617.0503, Florida Statutes.

SIGNATURE

Esperanza Morales

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

(NOTE: Registered Agent signature required when reinstating)

1/8/98

DATE

12. OFFICERS AND DIRECTORS	
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	KEANE, GREGORY
STREET ADDRESS	900 E. OCEAN BLVD. #244
CITY-ST-ZIP	STUART FL 34994
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	WEBER, JEFFERY L
STREET ADDRESS	2400 S.E. FEDERAL HIGHWAY
CITY-ST-ZIP	STUART FL 34996
TITLE	D <input type="checkbox"/> DELETE
NAME	SCHOONOVER, NICKI
STREET ADDRESS	1071 EAST 10TH STREET
CITY-ST-ZIP	STUART FL 34996
TITLE	P <input type="checkbox"/> DELETE
NAME	COLLIER, DAVID
STREET ADDRESS	1071 EAST 10TH STREET
CITY-ST-ZIP	STUART FL 34996
TITLE	M <input type="checkbox"/> DELETE
NAME	KAUFFMAN, BARBARA
STREET ADDRESS	1071 EAST 10TH STREET
CITY-ST-ZIP	STUART FL 34996
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	S/D Secretary + Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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 <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *C. R. Cleaver*

DEP \$61.25

CR2E037 (10/97)