

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729335

Entity Name: COUNCIL ON AGING OF MARTIN COUNTY, INC.**Current Principal Place of Business:**900 SE SALERNO ROAD
STUART, FL 34997**Current Mailing Address:**900 SE SALERNO ROAD
STUART, FL 34997**FEI Number: 52-1007762****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**KAUFFMAN, BARBARA A
900 SE SALERNO ROAD
STUART, FL 34997 US*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**Officer/Director Detail :**

Title S
Name COFFEY, CHRISTOPHER H
Address 900 S.E. SALERNO ROAD
City-State-Zip: STUART FL 34997

Title D
Name RODGERS, GERTRUDE
Address 900 S.E. SALERNO ROAD
City-State-Zip: STUART FL 34997

Title DIRECTOR
Name RAYNES, ROBERT SJR
Address 900 S.E. SALERNO ROAD
City-State-Zip: STUART FL 34997

Title DIRECTOR
Name CORNETT, JANE
Address 900 S.E. SALERNO ROAD
City-State-Zip: STUART FL 34997

Title T
Name CLEAVER, CHARLES R
Address 900 S.E. SALERNO ROAD
City-State-Zip: STUART FL 34997

Title CHAIRMAN
Name SCHOONOVER, NICKI
Address 900 S.E. SALERNO ROAD
City-State-Zip: STUART FL 34997

Title PCEO
Name KAUFFMAN, BARBARA A
Address 900 S.E. SALERNO ROAD
City-State-Zip: STUART FL 34997

Title DIRECTOR
Name DAY, JOSEPH C.
Address 900 S.E. SALERNO ROAD
City-State-Zip: STUART FL 34997

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I hereby 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 all other like empowered.

SIGNATURE: BARBARA A. KAUFFMAN**PRESIDENT & CEO****03/19/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name HEINE, TERISA L.
Address 900 S.E. SALERNO ROAD
City-State-Zip: STUART FL 34997

Title DIRECTOR
Name RICHARDSON, JOHN D.
Address 900 S.E. SALERNO ROAD
City-State-Zip: STUART FL 34997

Title DIRECTOR
Name KEANE, GREG
Address 900 S.E. SALERNO ROAD
City-State-Zip: STUART FL 34997

Title DIRECTOR
Name TOMMERAAS, MICHAEL J.
Address 900 S.E. SALERNO ROAD
City-State-Zip: STUART FL 34997