

2017 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:**RIPPER, KAREN
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: KAREN RIPPER****01/31/2017**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

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

Title SECRETARY
Name DAY, JOSEPH C.
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 VC
Name TOMMERAAS, MICHAEL J.
Address 900 S.E. SALERNO ROAD
City-State-Zip: STUART FL 34997

Title DIRECTOR
Name CLIFFORD, WILLIAM G
Address 900 SE SALERNO ROAD
City-State-Zip: STUART FL 34997

Title DIRECTOR
Name SIMONEAU, JAMES
Address 900 SE 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: KAREN RIPPER**CEO****01/31/2017**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name FOWLER, WILLIAM C
Address 900 SE SALERNO ROAD
City-State-Zip: STUART FL 34997

Title CEO
Name RIPPER, KAREN CEO
Address 900 SE SALERNO ROAD
City-State-Zip: STUART FL 34997

Title DIRECTOR
Name ANDERSON, KHERRI
Address 900 SE SALERNO ROAD
City-State-Zip: STUART FL 34997

Title TREASURER
Name SPENCER, KATHRYN
Address 900 SE SALERNO ROAD
City-State-Zip: STUART FL 34997

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

Title DIRECTOR
Name MERRITT, GARY
Address 900 SE SALERNO ROAD
City-State-Zip: STUART FL 34997

Title DIRECTOR
Name OWENS, DEBORAH
Address 900 SE SALERNO ROAD
City-State-Zip: STUART FL 34997

Title DIRECTOR
Name COLEMAN, KIM
Address 900 SE SALERNO ROAD
City-State-Zip: STUART FL 34997