**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Feb 15, 2022**
**Secretary of State**
**7021722661CC**

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:** No

**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 02/15/2022

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

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

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

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|---|---|
| Title | CHAIRMAN |
| Name | SCHOONOVER, NICKI |
| 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 |

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|---|---|
| Title | DIRECTOR |
| Name | SIMONEAU, JAMES |
| Address | 900 SE SALERNO ROAD |
| City-State-Zip: | STUART FL 34997 |

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

**Continues on page 2**

*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: CARMEN D WALLACE CFO 02/15/2022

Electronic Signature of Signing Officer/Director Detail — Date

**Officer/Director Detail Continued :**

| | |
|---|---|
| Title | IMMEDIATE PAST CHAIR |
| Name | SPENCER, KATHRYN |
| Address | 900 SE SALERNO ROAD |
| City-State-Zip: | STUART FL 34997 |

| | |
|---|---|
| Title | CHIEF PHILANTHROPIC OFFICER |
| Name | JACOBS, MICHELE |
| Address | 900 SE SALERNO ROAD |
| City-State-Zip: | STUART FL 34997 |

| | |
|---|---|
| Title | SECRETARY |
| Name | BOLAND, NEIL DR. |
| Address | 900 SE SALERNO ROAD |
| City-State-Zip: | STUART FL 34997 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | SEKHARAN, PREETHI |
| Address | 900 SE SALERNO ROAD |
| City-State-Zip: | STUART FL 34997 |

| | |
|---|---|
| Title | VC |
| Name | MCGOVERN, STEVE |
| Address | 900 SE SALERNO ROAD |
| City-State-Zip: | STUART FL 34997 |

| | |
|---|---|
| Title | CFO |
| Name | WALLACE, CARMEN |
| Address | 900 SE SALERNO ROAD |
| City-State-Zip: | STUART FL 34997 |

| | |
|---|---|
| Title | TREASURER |
| Name | NUTTALL, GREG |
| Address | 900 SE SALERNO ROAD |
| City-State-Zip: | STUART FL 34997 |