

2014 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	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

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	SECRETARY
Name	CORNETT, JANE
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

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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 KAUFFMAN**PCEO****02/28/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

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

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