FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

APPROVED AND FILED
[illegible] MAY -1 AM 9:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 752196 (6)

1. Corporation Name

THE MARTIN COUNTY COUNCIL FOR THE ARTS, INC.

Principal Place of Business	Mailing Address
80 E. OCEAN BLVD. STUART FL 34994	80 E. OCEAN BLVD. STUART FL 34994

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/25/1980
3a. Date of Last Report: 04/08/1994
4. FEI Number: 59-2015691 ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ROEGIERS, STEPHEN 701 COLORADO AVENUE PALM CITY, FL 34990	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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE ______________________ DATE ________
(Registered Agent's printed name, if registered agent and the signature) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	11 TITLE	TD ☒ Change ☐ Addition
NAME	STRICKLAND, DAVID	12 NAME	Gideon Haymaker
STREET ADDRESS	900 S. FEDERAL HWY.	13 STREET ADDRESS	Box 8
CITY ST ZIP	STUART FL	14 CITY ST ZIP	Ft. Pierce, FL 34950
TITLE	CD	21 TITLE	M ☐ Change ☒ Addition
NAME	O'CONNOR, MAUREEN	22 NAME	Mary B. Shaw
STREET ADDRESS	508 COLORADO AVE.	23 STREET ADDRESS	80 E. Ocean Blvd.
CITY ST ZIP	STUART FL	24 CITY ST ZIP	Stuart, FL 34994
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	ROEGIERS, STEPHEN	32 NAME	
STREET ADDRESS	701 COLORADO AVENUE	33 STREET ADDRESS	
CITY ST ZIP	STUART FL	34 CITY ST ZIP	
TITLE	TD	41 TITLE	VD ☒ Change ☐ Addition Title only
NAME	FOX M. LANNING	42 NAME	
STREET ADDRESS	1100 SE FEDERAL HWY.	43 STREET ADDRESS	
CITY ST ZIP	STUART FL	44 CITY ST ZIP	
TITLE	D	51 TITLE	VD ☒ Change ☐ Addition Title only
NAME	GUY, SHERRY W	52 NAME	
STREET ADDRESS	55 E OCEAN BLVD	53 STREET ADDRESS	
CITY ST ZIP	STUART FL	54 CITY ST ZIP	
TITLE	SD	61 TITLE	☐ Change ☐ Addition
NAME	MCGUFFEY, MARION	62 NAME	
STREET ADDRESS	6750 SW GAINES AVENUE	63 STREET ADDRESS	
CITY ST ZIP	STUART FL	64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Mary B. Shaw — 4-27-95 — (407) 287-6676
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0021004