## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

1998

POCUI 1. Corporation	MENT # 752196	(6)			
THE MARTIN COUNTY COUNCIL FOR THE ARTS, INC.				A 188 kin 188 ki 1918 1188 1 188 1 184 18 kin Salah	
Principal Place of Business Mailing Address				A realth total state mate wellt token older order order brein brein eich (66)	
80 E. OCEAN BLVD. 80 E. OCEAN BLVD. STUART FL 34994					3. Date Incorporated or Qualified
					<b>04/25/1980 4.</b> FEI Number Applied For
					59-2015691 Not Applicable
2. Principal Place of Business 2a. Mailing Address 21				Certificate of Status Desired     Section       Secti	
		Suite, Apt. #, etc.			6. Election Campaign Financing \$5.00 May Be
22 27		<del>                                     </del>		<del></del>	Trust Fund Contribution Added to Fees
City & State 23 28		City & State			7. Is this nonprofit corporation a homeowners association?
Zip	Country	Zip	Country	<del>,                                    </del>	8. This corporation owes or has paid the current year Intangible
24	25	29	30		Personal Property Tax due June 30. Yes No
<u> </u>	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Registered Agent
DOCOICOS OTEOUCAI					
701 COLORADO AVENUE			82	Street Ad	dress (P.O. Box Number is Not Acceptable)
PALM CITY, FL 34990			83		
			84	City	EL 85 Zip Code
11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the				e-named co	
office or re agent. I as	egistered agent, or both, in the State o m familiar with, and accept the obligati	f Florida. Such change was ons of, Section 617.0503, F	authorized by lorida Statute	y the corpor s.	orporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered
SIGNATURE .					
12.	Signature, typed or printed name of registered agent OFFICERS AND		13.	ent signature req	AUDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	ED	<b>□</b> D€LETE	1.1 TITLE		Change Addition
HAME	SHAW, MARY B		1.2 NAME		
STREET ADDRESS	80 E OCEAN BLVD			T ADDRESS	
CITY-ST-ZIP TITLE	STUART FL CD	DELETE	1.4 CITY-5 2.1 TITLE	ST-ZIP	Change Addition
NAME	FERRAO, SAMIA	- Pettit	2.2 NAME		
STREET ADDRESS	40 SE ST LUCIE BLVD			ADORESS	
CITY-ST-ZIP	STUART FL		2. 4 CITY-	ST-ZIP	
TITLE	VO	DELETE	3.1 TITLE		Change Addition
NAME	SCHENK, CARL		3.2 NAM€		
STREET ADDRESS	3300 PGA BLVD, SUITE 900			T ADDRESS	
CITY-ST-ZIP TITLE	PALM BEACH FL SD	DELETE	3.4. CITY - 4.1 TITLE	ST-ZIP	Change Addition
NAME	DICKERSON, JANE	C3 orecir	4. 2 NAME		- Orange - Orange
STREET ADDRESS				T ADDRESS	
CITY-ST-ZIP	ST-ZIP STUART FL		4.4 CiTY-5		
TITLE	TD	DELETE	5.1 TITLE		Change Addition
NAME	HERMESMEYER, MICHAEL		5.2 NAME		
STREET ADORESS	2400 MONTEREY RD #300		5.3 STREET	T ADDRESS	
CITY-ST-ZIP	STUART FL	T Drugge	5.4 CITY - S	ST-ZIP	The state of the s
TITLE			6.1 TITLE		Change Addition
NAME CORECT ADODEDO			6.2 NAME	1	
STREET ADDRESS			ADDRESS		
CITY-ST-ZIP			6.4 CITY-S	21-ZIP	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

GNATURE:

**SIGNATURE:** 

**FILED** 

Apr 24 1998 8:00am

Secretary of State