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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 752196

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		04/25/1980	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2015691	
24 Country		30 Country		5. Certificate of Status Desired	
				Applied For	
				Not Applicable	
				8.75 Additional Fee Required	
				6. Election Campaign Financing	
				Trust Fund Contribution	
				5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

ROEGIERS, STEPHEN
701 COLORADO AVENUE
PALM CITY, FL 34990

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ED	1.1 TITLE	
NAME	SHAW, MARY B	1.2 NAME	
STREET ADDRESS	80 E OCEAN BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	1.4 CITY-ST-ZIP	
TITLE	CD	2.1 TITLE	
NAME	FERRAO, SAMIA	2.2 NAME	
STREET ADDRESS	40 SE ST LUCIE BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	
NAME	SCHENK, CARL	3.2 NAME	
STREET ADDRESS	3300 PGA BLVD, SUITE 900	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	
NAME	DICKERSON, JANE	4.2 NAME	
STREET ADDRESS	5453 SE MILES GRANT, #C202	4.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	4.4 CITY-ST-ZIP	
TITLE	TD	5.1 TITLE	
NAME	HERMESMEYER, MICHAEL	5.2 NAME	
STREET ADDRESS	2400 MONTEREY RD #300	5.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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, with all other like empowered.

SIGNATURE:

Signature of Michael Hermesmeier
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 1-11-99 Daytime Phone # 561-287-6676

CR2E037 (1/98)