


FILE NOW: FILING FEE IS \$61.25

FILED
Jun 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **766818** (9)
1. Corporation Name
MARTIN COUNTY LITERACY COUNCIL, INCORPORATED



Principal Place of Business 2300 S.E. OCEAN BLVD. STE D-9 STUART FL 34996 US	Mailing Address 2300 S.E. OCEAN BLVD. STE D-9 STUART FL 34996-3343 US
--	---

2. Principal Place of Business 21 17 Martin L. King Blvd Suite, Apt. #, etc. 22 City & State 23 Stuart, Florida Zip 24 34994 Country 25 USA	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
---	--

3. Date Incorporated or Qualified 02/03/1983	3a. Date of Last Report 04/01/1996
4. FEI Number 59-2382435	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent HARRIS, IRA W 2050 S.W. OLYMPIC CLUB TERRACE PALM CITY FL 24990	
---	--

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 34990

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	ETELSON, DORIS
STREET ADDRESS	659 BITTERN S W
CITY-ST-ZIP	PALM CITY FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	CUTTLE, MARILYN
STREET ADDRESS	837 SW 11TH CT
CITY-ST-ZIP	PALM CITY FL
TITLE	T <input type="checkbox"/> DELETE
NAME	PETIT, STEVEN
STREET ADDRESS	5033 S E TALL PINES WAY
CITY-ST-ZIP	STUART FL
TITLE	VPD <input type="checkbox"/> DELETE
NAME	HARRIS, IRA
STREET ADDRESS	2050 SW OLYMPIC CLUB TERRACE
CITY-ST-ZIP	PALM CITY FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	TUCK, HELEN
STREET ADDRESS	175 SE ST LUCIE BLVD STE H-183
CITY-ST-ZIP	STUART FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PD Holmes, Willieva
1.3 STREET ADDRESS	P.O. Box 658 N/A
1.4 CITY-ST-ZIP	Pt. Salerno, FL 34992
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	VD Fine, Helen Tuck
5.3 STREET ADDRESS	1822 Buttonbush Circle
5.4 CITY-ST-ZIP	Palm City FL 34990
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE _____

CR2E037 (9/96)