


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 10, 2005 8:00 am**  
**Secretary of State**

01-10-2005 90026 007 \*\*\*\*61.25

<b>DOCUMENT # 766818</b> 1. Entity Name <b>MARTIN COUNTY LITERACY COUNCIL, INCORPORATED</b>					
Principal Place of Business 2351 MONTEREY ROAD STUART, FL 34996 US			Mailing Address 2351 MONTEREY ROAD STUART, FL 34996 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2382435</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LITTAUER, STEPHEN</b> <b>3041 SW MONTEBELLO PLACE</b> <b>PALM CITY, FL 34990</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MORRISON, LEE <input checked="" type="checkbox"/> Delete 23 SIMARA ST SEWALS PT, FL 34996		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LITTAUER, STEPHEN <input type="checkbox"/> Delete 3041 SW MONTEBELLO PLACE PALM CITY, FL 34990		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>VPD</del> KIMMELMAN, SANDY <input type="checkbox"/> Delete 108 ABBIE CT SEWALLS PT, FL 34996		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MOORE, JOAN <input type="checkbox"/> Delete 644 BRYANT AVE STUART, FL 34997		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MALLEY, RACHELLE <input checked="" type="checkbox"/> Delete 2024 SW SANDBURST WAY PALM CITY, FL 34990		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary Lisa Fricke, Lisa</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>800 SE Monterey Commons</b> <b>STUART, FL 34996</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>First Vice President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Pietrucci, Tess</b> <b>800 SE Monterey Commons</b> <b>STUART, FL 34996</b>	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
<b>SIGNATURE:</b> <u>Stephen Litterer</u> <b>Stephen Litterer</b> 1/6/05 772-253-4588 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAY Daytime Phone #</small>					

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