

FILE NOW: FILING FEE IS \$61.25

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Mar 21 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N18227** (1)  
1. Corporation Name  
**THE MARTIN LUTHER CHAPEL FOUNDATION, INC.**



Principal Place of Business <b>% WILLIAM BRUSICK 2658 YELLOWTAIL DR. MARATHON FL 33050</b>	Mailing Address <b>% WILLIAM BRUSICK 2658 YELLOWTAIL DR. MARATHON FL 33050-2878</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/11/1986</b>	3a. Date of Last Report <b>03/11/1996</b>
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>59-2755102</b>		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 Zip	28 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Zip	25 Country	29 Zip		30 Country	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		

**BRUSICK, WILLIAM  
2628 YELLOWTAIL  
MARATHON FL 33050**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>D VP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EISENHART, MARGARITE</b>	1.2 NAME	<b>Neil Collins</b>
STREET ADDRESS	<b>309 JASMINE ST</b>	1.3 STREET ADDRESS	<b>312 E. Seaview Dr.</b>
CITY-ST-ZIP	<b>MARATHON FL</b>	1.4 CITY-ST-ZIP	<b>Marathon, Florida 33050</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>D Treasurer</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BRUSICK, WILLIAM</b>	2.2 NAME	
STREET ADDRESS	<b>2658 YELLOWTAIL DRIVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MARATHON FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>DP</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RUGGIERI, JOHN</b>	3.2 NAME	
STREET ADDRESS	<b>11770 5TH AVENUE OCEAN</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MARATHON FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>D S</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RUST, CHESTER</b>	4.2 NAME	<b>Beulah Lallathin</b>
STREET ADDRESS	<b>254 W. SEAVIEW CIRCLE</b>	4.3 STREET ADDRESS	<b>751 98th St. Ocean</b>
CITY-ST-ZIP	<b>DUCK KEY FL</b>	4.4 CITY-ST-ZIP	<b>Marathon, Florida 33050</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<b>DP</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WARNER, RICHARD E.</b>	5.2 NAME	
STREET ADDRESS	<b>235 MORTON ST.</b>	5.3 STREET ADDRESS	<b>57365 Morton St.</b>
CITY-ST-ZIP	<b>MARATHON FL</b>	5.4 CITY-ST-ZIP	<b>Marathon, Florida 33050</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **3/17/97** Daytime Phone # **305-745-6022**

CR2E037 (9/96)