

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**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
---	---	---

**DOCUMENT # N18227 (1)**  
 1. Corporation Name  
**THE MARTIN LUTHER CHAPEL FOUNDATION, INC.**



Principal Place of Business	Mailing Address
% WILLIAM BRUSICK 2658 YELLOWTAIL DR. MARATHON FL 33050	% WILLIAM BRUSICK 2658 YELLOWTAIL DR. MARATHON FL 33050-2878

3. Date Incorporated or Qualified <b>12/11/1986</b>	3a. Date of Last Report <b>03/11/1996</b>
--	--

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt #, etc.	26 Suite, Apt #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

4. FEI Number <b>59-2755102</b>	Applied For Not Applicable
------------------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> 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

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	EISENHART, MARGARITE	
STREET ADDRESS	309 JASMINE ST	
CITY-ST-ZIP	MARATHON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BRUSICK, WILLIAM	
STREET ADDRESS	2658 YELLOWTAIL DRIVE	
CITY-ST-ZIP	MARATHON FL	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	RUGGIERI, JOHN	
STREET ADDRESS	11770 5TH AVENUE OCEAN	
CITY-ST-ZIP	MARATHON FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RUST, CHESTER	
STREET ADDRESS	254 W. SEAVIEW CIRCLE	
CITY-ST-ZIP	DUCK KEY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WARNER, RICHARD E.	
STREET ADDRESS	235 MORTON ST.	
CITY-ST-ZIP	MARATHON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Neil Collins	
1.3 STREET ADDRESS	312 E. Seaview Dr.	
1.4 CITY-ST-ZIP	Marathon, Florida 33050	
2.1 TITLE	D Treasurer	<input type="checkbox"/> Change <input checked="" 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	D S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Beulah Lallathin	
4.3 STREET ADDRESS	751 98th St. Ocean	
4.4 CITY-ST-ZIP	Marathon, Florida 33050	
5.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	57365 Morton St.	
5.4 CITY-ST-ZIP	Marathon, Florida 33050	
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: William Brusick Date: 3/17/97 Daytime Phone # 305-745-6022  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)