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

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

N24558

(1)

## MARTIN COUNTY II COMMUNITY FOUNDATION, INC.

Principal Place of Business Mailing Address			L LABORATOR DIO LOGIL GIODE BINGS ALION	ERIT BIRSE ONDE OLDIT OLESS BIRIT OLDIT IDDI	
C/O FLOYD D. JORDAN 759 S. FEDERAL HWY. STUART FL 34994 C/O WILLIAM C. FOWLER 103 SE FLAMINGO AVE. STUART FL 34996-4704					
US		US		3. Date Incorporated or Qualified 01/28/1988	3a. Date of Last Report 01/25/1996
2. Principal Pi	lace of Business	28. Mailing Address J. 26 0 33 F/4	STEWART GIER AVE	4. FEI Number 58-8064000	Applied For Not Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	е	City & State 28 STURRY, FE		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip <b>24</b>	Country 25	Zip 28 34994 3	Country 0 USA		Yes 🔀 No
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
			81 Name		
JORDAN, FLOYD D			82 Street A	ddress (P.O. Box Number is Not Acceptab	(ما
759 S. FEDERAL HWY				delega (i .e. box riambar is riot rioophab	,
STUART FL 34994			83		•
3.0			84 City		85 Zip Code
			CRY		FL 85 Zip Code
office or r	to the provisions of Sections 617.050 egistered agent, or both, in the State in familiar with, and accept the obligation of the provision of the provision o	of Florida. Such change was aut	thorized by the corp	corporation submits this statement for the poration's board of directors. I hereby accept	rurpose of changing its registered at the appointment as registered
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable (NOTE: F	Registered Agent signature r	equired when reinstating)	DATE
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	PD	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	JORDAN, FLOYD D.		1.2 NAME		
STREET ADDRESS	759 S. FEDERAL HWY.		1.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL		1.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	2.1 TITLE	<b>D</b>	Change Addition
NAME	FOWLER, WILLIAM C		2.2 NAME		
STREET ADDRESS	103 SE FLAMINGO AVE.		2.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL		2. 4 CITY-ST-ZIP		······
TITLE	D	DELETE	3.1 TITLE		Change Addition
NAME	WEBER, THOMAS E, JR.		3.2 NAME		
STREET ADDRESS	1939 S FEDERAL HWY		3.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL		3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	T D	Change Addition
NAME			4.2 NAME	LINDA J. STEWART	

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 pame appears in Block 12 or Block 13 if changed, or on an attachment with an address.

4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

5.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

33 FIAGLER AVE

SIGNATURE:

TITLE

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

DELETE

DELETE

Change

Change

\_\_\_ Addition

Addition

**FILED** 

Jan 16 1997 8:00am

Secretary of State