


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # N24558 1. Entity Name MARTIN COUNTY COMMUNITY FOUNDATION, INC.	
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Principal Place of Business C/O FLOYD D. JORDAN 759 S. FEDERAL HWY. STUART, FL 34994 US	Mailing Address C/O CROOK, T MICHAEL 33 FLAGLER AVE STUART, FL 34994 US
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01242006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0024020	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JORDAN, FLOYD D
759 S. FEDERAL HWY
STUART, FL 34994

DO NOT WRITE IN THIS SPACE

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

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00003423711
02/18/06-80010-014 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JORDAN, FLOYD D. 759 S. FEDERAL HWY. STUART, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOWLER, WILLIAM C 103 SE FLAMINGO AVE. STUART, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEBER, THOMAS E, JR. 1939 S FEDERAL HWY STUART, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROOK, T M 33 FLAGLER AVE STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRARY, ANN 1 WENDY LANE STUART, FL 34996
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SIGNATURE: X  **1/27/06** **(772) 283-2356**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #