

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24558

FILED  
Apr 11, 2007  
Secretary of State

Entity Name: MARTIN COUNTY COMMUNITY FOUNDATION, INC.

**Current Principal Place of Business:**

C/O FLOYD D. JORDAN  
759 S. FEDERAL HWY.  
STUART, FL 34994 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O CROOK, T MICHAEL  
33 FLAGLER AVE  
STUART, FL 34994 US

**New Mailing Address:**

FEI Number: 65-0024020      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: JORDAN, FLOYD D.,  
Address: 759 S. FEDERAL HWY.  
City-St-Zip: STUART, FL

Title: D ( ) Delete  
Name: FOWLER, WILLIAM C,  
Address: 103 SE FLAMINGO AVE.  
City-St-Zip: STUART, FL

Title: D ( ) Delete  
Name: WEBER, THOMAS E, JR.,  
Address: 1939 S FEDERAL HWY  
City-St-Zip: STUART, FL

Title: D ( ) Delete  
Name: CROOK, T M  
Address: 33 FLAGLER AVE  
City-St-Zip: STUART, FL 34994

Title: D ( ) Delete  
Name: CRARY, ANN  
Address: 1 WENDY LANE  
City-St-Zip: STUART, FL 34996

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: T.M.CROOK

DIR

04/11/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date