

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90167 030 ****61.25

3746

DOCUMENT # N93000005394

1. Entity Name

MARTIN HOUSING ALLIANCE, INCORPORATED

Principal Place of Business

Mailing Address

2307 S.E. MONTEREY RD.
 STUART FL 34996

MARTIN HOUSING ALLIANCE INC
 C/O 4500 W MIDWAY RD
 FORT PIERCE FL 34981-4823



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0462958

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SOPKO, JAMES
2307 SE MONTEREY ROAD
STUART FL 34996

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROSE, ROBERT Z	
STREET ADDRESS	1450 SE BREWSTER PL.	
CITY-ST-ZIP	STUART FL 34997	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRAKEL, BARBARA J	
STREET ADDRESS	1033 S.E. 14TH STREET	
CITY-ST-ZIP	STUART FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARNES, LAURIE L	
STREET ADDRESS	1033 SE 14TH ST	
CITY-ST-ZIP	STUART FL 34996	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCADAMS, DIANE	
STREET ADDRESS	1509 SE LARK	
CITY-ST-ZIP	STUART FL 34996	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GROSS, ED.	
STREET ADDRESS	1041 S.E. MONTEREY ROAD, APT. C-14	
CITY-ST-ZIP	STUART, FL 34994	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OLIVER, PINNIE	
STREET ADDRESS	709 S. 5th Street	
CITY-ST-ZIP	FORT PIERCE, FL 34950	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHITELEY, BEVERLY	
STREET ADDRESS	1906 33rd AVENUE	
CITY-ST-ZIP	VERO BEACH, FL 32960	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEELMAN, PETER	
STREET ADDRESS	1061 S.E. MONTEREY ROAD, APT. D-30	
CITY-ST-ZIP	STUART, FL 34994	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHONBACH, MICHAEL	
STREET ADDRESS	4500 WEST MIDWAY ROAD	
CITY-ST-ZIP	FORT PIERCE, FL 34981	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCADAMS, DIANE	
STREET ADDRESS	1509 S.E. LARK	
CITY-ST-ZIP	STUART, FL 34996	

12. I 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 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: *Diane McAdams, J.A.C.S.W., LCSW, CAP*

Date: *2/5/01*

Daytime Phone #

CR2E037 (10/00)