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Feb 05 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northcutt  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N96000003186 (1)

1. Corporation Name

THE MARTIN COUNTY PARENTS SUPPORT GROUP INC.



Principal Place of Business

Mailing Address

701 BRYANT AVENUE  
STUART FL 34994

701 BRYANT AVENUE  
STUART FL 34994-2610

3. Date Incorporated or Qualified  
06/12/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 5957 SE Riverboat Dr

26 5957 SE Riverboat Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Stuart FL

28 Stuart FL

24 Zip

25 Country

29 Zip

30 Country

34997

34997

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JONES, WANDA E  
701 BRYANT AVENUE  
STUART FL 34994

81 Name

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

83

84 City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE Director  
NAME WANDA JONES  
STREET ADDRESS 701 Bryant Ave  
CITY-ST-ZIP Stuart FL 34994

1.1 TITLE Trustee  
1.2 NAME Lynn Lohsen  
1.3 STREET ADDRESS 2654 SW Maren Circle  
1.4 CITY-ST-ZIP Fort St. Wayne FL 34953

TITLE Asst. Director  
NAME Adeline Nelson  
STREET ADDRESS 5957 SE Riverboat Dr.  
CITY-ST-ZIP Stuart FL 34997

2.1 TITLE Trustee  
2.2 NAME April Edwards  
2.3 STREET ADDRESS 917 SW 3500  
2.4 CITY-ST-ZIP Palm City FL 34990

TITLE April Edwards  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE Trustee  
3.2 NAME Sally Embrey  
3.3 STREET ADDRESS 1854 SE Layplatte St.  
3.4 CITY-ST-ZIP Stuart FL 34994

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
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:

Wanda Jones REQUIRED

1/24/97

561-287-7077

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0071956

CR2E037 (9/96)