

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000000467

**Entity Name:** MARTHA'S VINEYARD FOUNDATION, INC**Current Principal Place of Business:**110 WEST STRONG STREET  
PENSACOLA, FL 32501**Current Mailing Address:**110 WEST STRONG STREET  
PENSACOLA, FL 32501 US**FEI Number:** 46-4566771**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TACKETT, MARY M  
110 WEST STRONG STREET  
PENSACOLA, FL 32501 US*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

**Officer/Director Detail :**

Title            PRESIDENT, SECRETARY  
Name            TACKETT, MARTY M  
Address        110 WEST STRONG STREET  
City-State-Zip: PENSACOLA FL 32501

Title            D  
Name            DANNIEL, J. NIXON III  
Address        110 W. STRONG ST  
City-State-Zip: PENSACOLA FL 32501

Title            D  
Name            NAPIER, PHILIP A  
Address        110 W.STRONG ST.  
City-State-Zip: PENSACOLA FL 32501

Title            D  
Name            GOWING, ROBERT E  
Address        110 W.STRONG ST.  
City-State-Zip: PENSACOLA FL 32501

Title            D  
Name            TURNER, ALLEN  
Address        110 W.STRONG ST.  
City-State-Zip: PENSACOLA FL 32501

Title            D  
Name            GREENE, BOB D DR.  
Address        110 W.STRONG ST.  
City-State-Zip: PENSACOLA FL 32501

Title            D  
Name            MARTIN, RON W  
Address        110 W.STRONG ST.  
City-State-Zip: PENSACOLA FL 32501

Title            D  
Name            DOTY, DAN MD  
Address        110 W.STRONG ST.  
City-State-Zip: PENSACOLA FL 32501

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*I hereby 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 all other like empowered.*

**SIGNATURE: TACKETT, MARTY M****PRESIDENT****01/20/2021**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	D
Name	SHELL, STEVE
Address	110 W.STRONG ST.
City-State-Zip:	PENSACOLA FL 32501