

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N24558

**FILED**  
**Jan 04, 2018**  
**Secretary of State**  
**CC3852369415**

**Entity Name:** MARTIN COUNTY COMMUNITY FOUNDATION, INC.

**Current Principal Place of Business:**

789 SW FEDERAL HWY., STE 214  
STUART, FL 34994

**Current Mailing Address:**

789 SW FEDERAL HWY., STE 214  
STUART, FL 34994 US

**FEI Number:** 65-0024030

**Certificate of Status Desired:** Yes

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

BARBELLA, ELIZABETH A  
789 SW FEDERAL HWY., STE 214  
STUART, FL 34994 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 DIRECTOR  
Name KELLY, MICHAEL  
Address 117 HENRY SEWALL WAY  
City-State-Zip: SEWALL'S POINT FL 34996

Title DIRECTOR  
Name CROWDER-MCCOY, NANCY B  
Address 33 SW FLAGLER AVENUE  
City-State-Zip: STUART FL 34994-2140

Title CHAIR DIRECTOR  
Name NORMAN, KENNETH A  
Address 2400 S.E. FEDERAL HWY., 4TH FL  
City-State-Zip: STUART FL 34994

Title TREASURER DIRECTOR  
Name PASKOSKI, JOSEPH  
Address 4929 SW LAKE GROVE CIRCLE  
City-State-Zip: PALM CITY FL 34990

Title SECRETARY DIRECTOR  
Name WADE, SCOTT  
Address 9 EAST HIGH POINT ROAD  
City-State-Zip: SEWALL'S POINT FL 34996

Title VICE CHAIR DIRECTOR  
Name STEVENSON, ELLYN  
Address 1 NE LAGOON ISLAND COURT  
City-State-Zip: SEWALL'S POINT FL 34996

Title DIRECTOR  
Name VON ALDENBRUCK, GYTHA  
Address 8900 S. OCEAN DRIVE  
City-State-Zip: JENSEN BEACH FL 34957

Title DIRECTOR  
Name FOSS, BRIAN  
Address 6041 SE MARTINIQUE DRIVE  
202  
City-State-Zip: STUART FL 34997

**Continues on page 2**

*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:** ELIZABETH BARBELLA

**PRESIDENT & CEO**

**01/04/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            PRESIDENT  
Name            BARBELLA, ELIZABETH  
Address        789 SW FEDERAL HIGHWAY  
                 214  
City-State-Zip: STUART FL 34994

Title            DIRECTOR  
Name            FREIHOFER, KATHLEEN  
Address        789 SW FEDERAL HWY., STE 214  
City-State-Zip: STUART FL 34994

Title            DIRECTOR  
Name            DOODY, JOHN  
Address        789 SW FEDERAL HWY., STE 214  
City-State-Zip: STUART FL 34994