


FILE NOW: FILING FEE IS \$61.25

FILED
May 20 1997 8:00am
Secretary of State

| NONPROFIT CORPORATION ANNUAL REPORT 1997 | |  FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS | |
|---|--|--|---|
| DOCUMENT # 726788 (3) 1. Corporation Name HISTORICAL SOCIETY OF MARTIN COUNTY, INC. | | | |
| Principal Place of Business 825 NE OCEAN BLVD STUART FL 34996-0696 | | Mailing Address 825 NE OCEAN BLVD STUART FL 34996-1826 | |
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country | |
| 9. Name and Address of Current Registered Agent WAXLER, CAROL S WAXLER & SMITH 70 SW FLAGLER AVENUE STUART FL 34994 | | 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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 re-stating) DATE _____ | | | |
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | TD <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | TD Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PETRY, JOHN | 1.2 NAME | David A. Ralicki |
| STREET ADDRESS | 1555 N.E. OCEAN BLVD. #303 | 1.3 STREET ADDRESS | 759 S. Federal Highway #200 |
| CITY-ST-ZIP | STUART FL | 1.4 CITY-ST-ZIP | Stuart FL 34994 |
| TITLE | SD <input type="checkbox"/> DELETE | 2.1 TITLE | VPD Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DICKERSON, JANE | 2.2 NAME | Matthew L. Jones |
| STREET ADDRESS | 5453 SE MILES GRANT#C202 | 2.3 STREET ADDRESS | 759 S. Federal Highway #212 |
| CITY-ST-ZIP | STUART FL | 2.4 CITY-ST-ZIP | Stuart FL 34994 |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | PD Carol S. Waxler <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | PRESS, ELIZABETH | 3.2 NAME | 73 SW Flagler Avenue |
| STREET ADDRESS | 5190 SE SEASCAPE WAY #3 | 3.3 STREET ADDRESS | Stuart FL 34994 |
| CITY-ST-ZIP | STUART FL | 3.4 CITY-ST-ZIP | |
| TITLE | PD <input checked="" type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | THORNE, SUE | 4.2 NAME | |
| STREET ADDRESS | 1550 N.E. OCEAN BLVD. A-202 | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | STUART FL | 4.4 CITY-ST-ZIP | |
| TITLE | VPD <input checked="" type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WAJCIESZAK, DAVID | 5.2 NAME | |
| STREET ADDRESS | 1888 NE OCEAN BLVD | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | STUART FL | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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 in an attachment with an address. | | | |



CR2E037 (9/96)