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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 726788

1. Corporation Name

HISTORICAL SOCIETY OF MARTIN COUNTY, INC.

Principal Place of Business

825 NE OCEAN BLVD
STUART FL 34996-6696

Mailing Address

825 NE OCEAN BLVD
STUART FL 34996-6696



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

3. Date Incorporated or Qualified

06/25/1973

4. FEI Number

59-0913326

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

9. Name and Address of Current Registered Agent

**WAXLER, CAROL S
WAXLER & SMITH
73 SW FLAGLER AVENUE
STUART FL 34994**

10. Name and Address of New Registered Agent

81

Name **Suzanne B. Thorne**

82

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

1550 NE Ocean Blvd #202A

83

Stuart

84

City

FL

85

Zip Code

34996

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 **Suzanne B. Thorne**
Signature, typed or printed name of registered agent and title if applicable.

Suzanne B. Thorne

1-21-99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE
NAME **TD RALICKI, DAVID A**
STREET ADDRESS **759 S FEDERAL HIGHWAY #200**
CITY-ST-ZIP **STUART FL**

TITLE ☐ DELETE
NAME **SD DICKERSON, JANE**
STREET ADDRESS **5453 SE MILES GRANT #C202**
CITY-ST-ZIP **STUART FL**

TITLE ☐ DELETE
NAME **VPD ALAN P DANFORTH**
STREET ADDRESS **5201 BURNING THREE CIR**
CITY-ST-ZIP **STUART FL 34997**

TITLE ☒ DELETE
NAME **PD WAXLER, CAROL S**
STREET ADDRESS **73 SW FLAGLER AVE**
CITY-ST-ZIP **STUART FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **TD DANIEL, Karlin**
1.3 STREET ADDRESS **50 SE. Kindred St. #103**
1.4 CITY-ST-ZIP **Stuart, FL 34994**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **VPD Patterson, Laura**
3.3 STREET ADDRESS **2950 SE Ocean Blvd #117-5**
3.4 CITY-ST-ZIP **Stuart, FL 34996**

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **Suzanne B. Thorne**
4.3 STREET ADDRESS **1550 NE Ocean Blvd #202A**
4.4 CITY-ST-ZIP **Stuart, FL 34996**

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

Suzanne B. Thorne
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Suzanne B. Thorne 1/21/99 561-225-1961
Date Daytime Phone #

CR2E037 (11/98)