

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726788

FILED  
Mar 10, 2006  
Secretary of State

**Entity Name:** HISTORICAL SOCIETY OF MARTIN COUNTY, INC.

**Current Principal Place of Business:**

825 NE OCEAN BLVD  
STUART, FL 349968696

**New Principal Place of Business:**

**Current Mailing Address:**

825 NE OCEAN BLVD  
STUART, FL 349968696

**New Mailing Address:**

**FEI Number:** 59-0913326

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HICKS-CONNORS, ROBIN CEO  
907 SE WEIR ST.  
STUART, FL 34996 US

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

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

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: SMITH, DOUG  
Address: 2401 MONTEREY RD.  
City-St-Zip: STUART, FL 34996

Title: C/D ( ) Delete  
Name: LEVITSKY, ROBERT  
Address: 5355 S.E. ACADIA TERRACE  
City-St-Zip: HOBE SOUND, FL 33455

Title: CE/D ( ) Delete  
Name: FOGT, PAM  
Address: 12746 REFUGE LANE  
City-St-Zip: JENSEN BEACH, FL 34957

Title: T/D ( ) Delete  
Name: THURLOW, TODD  
Address: 17 MARTIN LUTHER KING JR. BLVD  
City-St-Zip: STUART, FL 34995

Title: VC/D ( ) Delete  
Name: BARATTA, SCOTT  
Address: 3484 SW FOREST HILLS COURT  
City-St-Zip: PALM CITY, FL 34990

Title: S/D ( ) Delete  
Name: RICHEBOURG, MARGARET  
Address: 3 TIMOR ST.  
City-St-Zip: STUART, FL 34996

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: PAM FOGT

CE/D

03/10/2006

Electronic Signature of Signing Officer or Director

Date