

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726788

FILED
Apr 22, 2009
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: BARRATTA, SCOTT
Address: 923 RIVERSIDE DRIVE
City-St-Zip: STUART, FL 34994

Title: V/D () Delete
Name: STRICKLAND, JEAN
Address: 815 COLORADO AVENUE
City-St-Zip: STUART, FL 34994

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

Title: S () Delete
Name: DUVALL, DEBBIE
Address: 1000 N E JUNIPER PLACE
City-St-Zip: JENSEN BEACH, FL 34957

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BARATTA, SCOTT
Address: 923 RIVERSIDE DRIVE
City-St-Zip: STUART, FL 34994

Title: V/D (X) Change () Addition
Name: GIUNTA, LEIGH
Address: 2100 SE OCEAN BLVD., SUITE 300
City-St-Zip: STUART, FL 34996

Title: TR (X) Change () Addition
Name: STRICKLAND, JEAN
Address: 815 COLORADO AVENUE
City-St-Zip: STUART, FL 34994

Title: S (X) Change () Addition
Name: DUVALL, DEBRA
Address: 1000 N E JUNIPER PLACE
City-St-Zip: JENSEN BEACH, FL 34957

Title: P/D (X) Change () Addition
Name: FOGT, PAM
Address: 12746 REFUGE LANE
City-St-Zip: JENSEN BEACH, FL 34957

I hereby certify that the information supplied with this filing does not qualify 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: SCOTT BARATTA

D

04/22/2009

Electronic Signature of Signing Officer or Director

Date