

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 91316 031 ****75.00

DOCUMENT # 727783

1. Entity Name

MARTIN COUNTY LIBRARY ASSOCIATION, INC.

Principal Place of Business

2351 SE MONETREY RD
 STUART FL 34994

Mailing Address

2351 SE MONETREY RD
 STUART FL 34994

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-6155142

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MACCURREY, ROBERTWOOD
1444 SE ST LUCIE BLVD
STUART FL 34996

Name

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

City

FL

Zip Code

8. 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 Robert W. MacCurry Treasurer Robert W. MacCurry
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.



\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	☐ Delete
NAME	MCAHON, JAMES	
STREET ADDRESS	57 SEWALL'S PT RD	
CITY-ST-ZIP	STUART FL 34996	
TITLE	PD	☐ Delete
NAME	CHRISTIE, MILTON	
STREET ADDRESS	103 S. SEWALL'S PT. RD.	
CITY-ST-ZIP	STUART FL 34996	
TITLE	VD	☒ Delete
NAME	GORE, JERRY	
STREET ADDRESS	1609 S DIXIE HWY	
CITY-ST-ZIP	STUART FL 34994	
TITLE	S	☒ Delete
NAME	KOPF, BETTY	
STREET ADDRESS	222 NE EDGEWATER DR	
CITY-ST-ZIP	STUART FL 34996	
TITLE	T	☐ Delete
NAME	MACCURREY, ROBERT W	
STREET ADDRESS	1444 SW ST LUCIE BLVD	
CITY-ST-ZIP	STUART FL 34996	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	☐ Change ☒ Addition
NAME	EDITH DOJOHUE	
STREET ADDRESS	144 NE Edgewater Dr #3103	
CITY-ST-ZIP	Stuart FL 34996	
TITLE	PD	☐ Change ☒ Addition
NAME	MIND BARKER	
STREET ADDRESS	24 N. VIA LUCINDIA	
CITY-ST-ZIP	STUART, FL, 34996	
TITLE	RT	☐ Change ☒ Addition
NAME	WILLIAM ZIEGLER	
STREET ADDRESS	17 EMERITA WAY	
CITY-ST-ZIP	STUART, FL, 34996	
TITLE	S	☐ Change ☒ Addition
NAME	Reverly Ward	
STREET ADDRESS	2830 SW Bridge Woods Pl.	
CITY-ST-ZIP	Palm City, FL, 34990	
TITLE	PAMELIA M. CARROZZA	☐ Change ☒ Addition
NAME	7248 S.E. Magellan Ln.	
STREET ADDRESS	Stuart, FL. 34997	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)