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Apr 30 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 739315

(0)

n/c

1. Corporation Name

THE MARTIN COUNTY ASSOCIATION FOR RETARDED CHIL-  
DREN, INC. The Arc of Martin County, Inc.

Principal Place of Business

Mailing Address

1111 S. FEDERAL HWY.  
SUITE 332  
STUART FL 34994  
US

P.O. BOX 205  
STUART FL 34995

3. Date Incorporated or Qualified

06/10/1977

4. FEI Number

59-6153484

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOODMAN, THOMAS J. D  
1111 S. FEDERAL HWY  
SUITE 332  
STUART FL 34994

81 Name

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

83

84 City

FL

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☐ DELETE

NAME WILLOUGHBY, CHARLES K.  
STREET ADDRESS 8499 S.E. SABAL ST.  
CITY-ST-ZIP HOBE SOUND FL

1.1 TITLE ☐ Change ☐ Addition

TITLE DV ☐ DELETE

NAME GAISER, EUGENE  
STREET ADDRESS 6531 S.E. FEDERAL HWY., H-201  
CITY-ST-ZIP STUART FL

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE SD ☐ DELETE

NAME GOODMAN, JOAN  
STREET ADDRESS 6521 SE CLAIRMONT  
CITY-ST-ZIP HOBE SOUND FL

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE TD ☐ DELETE

NAME BELL, JAMES  
STREET ADDRESS 197 N.E. BLUEBERRY TERRACE  
CITY-ST-ZIP JENSEN BEACH FL

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE SD ☐ DELETE

NAME KELLY, LOIS (COR.)  
STREET ADDRESS 5145 SE MILES GRANT RD  
CITY-ST-ZIP STUART FL

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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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.

SIGNATURE:

*[Signature]*

CR2E037 (10/97)