

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90134 017 ****61.25

DOCUMENT # 739315

1. Corporation Name

THE ARC OF MARTIN COUNTY INC.

Principal Place of Business

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

Mailing Address

P.O. BOX 205
STUART FL 34995



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

06/10/1977

21

26

4. FEI Number

Applied For

Suite, Apt. #, etc.
Suite 226

Suite, Apt. #, etc.

59-6153484

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

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 **SUITE 226**

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 **D** ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

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

TITLE **SD** ☐ DELETE
NAME **GOODMAN, JOAN**
STREET ADDRESS **6521 SE CLAIRMONT**
CITY-ST-ZIP **HOBE SOUND FL**

3.1 TITLE **D** ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **TD** ☒ DELETE
NAME **BELL, JAMES**
STREET ADDRESS **197 N.E. BLUEBERRY TERRACE**
CITY-ST-ZIP **JENSEN BEACH FL**

4.1 TITLE **DT** ☐ Change ☒ Addition
4.2 NAME **ATLAS, JEFFERY**
4.3 STREET ADDRESS **1171 SW 30TH ST**
4.4 CITY-ST-ZIP **PALM CITY, FL 34990**

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

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE **DP** ☐ Change ☒ Addition
6.2 NAME **DAHN, LARRY**
6.3 STREET ADDRESS **3592, SW BIMINI CIR N**
6.4 CITY-ST-ZIP **PALM CITY, FL 34990**

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas J. Goodman

4/13.99

(561)283-2525

Date

Daytime Phone #

CR2E037-(11/98)

739315
4/01056-90134-17

TITLE NAME STREET/AD CITY-ST-ZIP	<input type="checkbox"/> DELETE	7.1 TITLE 7.2 NAME 7.3 STREET 7.4 CITY-ST-ZIP	DV <input checked="" type="checkbox"/> Addition COLLINS, DONALD 1881 SW PALM CITY RD UNIT H301 STUART, FL
TITLE NAME STREET/AD CITY-ST-ZIP	<input type="checkbox"/> DELETE	8.1 TITLE 8.2 NAME 8.3 STREET 8.4 CITY-ST-ZIP	D <input checked="" type="checkbox"/> Addition D E LUCIA, DDS, ANTHONY 731 COLORADO AVE STUART, FL
TITLE NAME STREET/AD CITY-ST-ZIP	<input type="checkbox"/> DELETE	9.1 TITLE 9.2 NAME 9.3 STREET 9.4 CITY-ST-ZIP	D <input checked="" type="checkbox"/> Addition GIROUARD, GERRY 5138 SE MILES GRANT TERRACE STUART, FL
TITLE NAME STREET/AD CITY-ST-ZIP	<input type="checkbox"/> DELETE	10.1 TITLE 10.2 NAME 10.3 STREET 10.4 CITY-ST-ZI	D <input checked="" type="checkbox"/> Addition GREEN, ELLEN 17887 SE FEDERAL HIGHWAY TEQUESTA, FL
TITLE NAME STREET/AD CITY-ST-ZIP	<input type="checkbox"/> DELETE	11.1 TITLE 11.2 NAME 11.3 STREET 11.4 CITY-ST-ZI	D <input checked="" type="checkbox"/> Addition HEMPEL, JO PO BOX 745 512 CORTEZ AVE STUART, FL
TITLE NAME STREET/AD CITY-ST-ZIP	<input type="checkbox"/> DELETE	12.1 TITLE 12.2 NAME 12.3 STREET 12.4 CITY-ST-ZI	D <input checked="" type="checkbox"/> Addition JANESKO, BETTIE 4829 GLENRIDGE TRAIL STUART, FL
TITLE NAME STREET/AD CITY-ST-ZIP		13.1 TITLE 13.2 NAME 13.3 STREET 13.4 CITY-ST-ZI	D <input checked="" type="checkbox"/> Addition JOHNSON, ROB 292 SW SALERNO ROAD STUART, FL
TITLE NAME STREET/AD CITY-ST-ZIP		14.1 TITLE 14.2 NAME 14.3 STREET 14.4 CITY-ST-ZI	D <input checked="" type="checkbox"/> Addition MELOSH, RICHARD 132 SEWALLS POINT RD SEWALLS POINT, FL
TITLE NAME STREET/AD CITY-ST-ZIP		15.1 TITLE 15.2 NAME 15.3 STREET 15.4 CITY-ST-ZI	D <input checked="" type="checkbox"/> Addition PUCCIO, LINDA 3021 SE ASTER LANE UNIT 710 STUART, FL
TITLE NAME STREET/AD CITY-ST-ZIP		16.1 TITLE 16.2 NAME 16.3 STREET 16.4 CITY-ST-ZI	D <input checked="" type="checkbox"/> Addition RASKIN, DORIS PO BOX 1667 STUART, FL
TITLE NAME STREET/AD CITY-ST-ZIP		17.1 TITLE 17.2 NAME 17.3 STREET 17.4 CITY-ST-ZI	DS <input checked="" type="checkbox"/> Addition SEIMER, LINDA 1013 TERRACE ROAD STUART, FL
TITLE NAME STREET/AD CITY-ST-ZIP		18.1 TITLE 18.2 NAME 18.3 STREET 18.4 CITY-ST-ZI	D <input checked="" type="checkbox"/> Addition STRUENSE, RICH 83 SE BEECHTREE LANE STUART, FL
TITLE NAME STREET/AD CITY-ST-ZIP		19.1 TITLE 19.2 NAME 19.3 STREET 19.4 CITY-ST-ZI	D <input checked="" type="checkbox"/> Addition WHITE, CHUCK 4905 SW LAKE GROVE CIRCLE PALM CITY, FL
TITLE NAME STREET/AD CITY-ST-ZIP		20.1 TITLE 20.2 NAME 20.3 STREET 20.4 CITY-ST-ZI	D <input checked="" type="checkbox"/> Addition ZIRKLE, CRAIG 119 EVERGLADES BLVD STUART, FL
TITLE NAME STREET/AD CITY-ST-ZIP		21.1 TITLE 21.2 NAME 21.3 STREET 21.4 CITY-ST-ZI	D <input checked="" type="checkbox"/> Addition GOLDEN, DAVID 416 CORTEZ AVE STUART, FL
TITLE NAME STREET/AD CITY-ST-ZIP		22.1 TITLE 22.2 NAME 22.3 STREET 22.4 CITY-ST-ZI	D <input checked="" type="checkbox"/> Addition HOFFA, JR, H DALE 2010 SW OLYMPIC CLUB TER PALM CITY, FL