2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 15, 2000 8:00 am Secretary of State **DOCUMENT # 739315** THE ARC OF MARTIN COUNTY INC. 03-15-2000 90045 047 ****61.25 Mailing Address Principal Place of Business 1111 S. FEDERAL HWY. P.O. BOX 205 STUART FL 34995-0205 STE 226 STUART FL 34994 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-6153484 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) GOODMAN, THOMAS J. D. 1111 S. FEDERAL HWY **STE 226** STUART FL 34994 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. 3-1-00 SIGNATURE A (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing FILE NOW: 1. Make Check Payable to \$5.00 May Be FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 . OFFICERS AND DIRECTORS 11. 10. Presid PN+ Change TITLE TITLE DAHN 3592 S.W BININT Cirle N NAME WILLOUGHBY, CHARLES K. NAME STREET ADDRESS 8499 S.E. SABAL ST. STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP HOBE SOUND FL n 🗶 Delete NAME GAISER, EUGENE NAME 1 S.W LAKE Grove Circle STREET ADDRESS STREET ADDRESS 6531 S.E. FEDERAL HWY., H-201 CITY-ST-ZIP CITY-ST-ZIP STUART FL Change TITLE TITLE ☐ Addition NAME GOODMAN, JOAN NAME 29 Glenridge Trail STREET ADDRESS STREET ADDRESS 6521 SE CLAIRMONT CITY-ST-ZIP CITY-ST-ZIP HOBE SOUND FL ☐ Addition TITLE atlas, Jeffery NAME NAME STREET ADDRESS 1171 SW 30TH ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP PALM CITY FL 34990 ☐ Addition TITLE Detete TITLE KELLY, LOIS (COR.) NAME NAME STREET ADDRESS STREET ADDRESS 5145 SE MILES GRANT RD CITY-ST-ZIP CITY-ST-ZIP STUART FL DP Change Addition TITI F Delete TITLE DAHN, LARRY NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

3592 SW BIMINT CIR N

PALM CITY FL 34990