

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739315

FILED
Jan 15, 2004
Secretary of State**Entity Name:** THE ARC OF MARTIN COUNTY INC.**Current Principal Place of Business:**2001 SOUTH KANNER HIGHWAY
STUART, FL 34994 US**New Principal Place of Business:****Current Mailing Address:**2001 SOUTH KANNER HIGHWAY
STUART, FL 34994 US**New Mailing Address:****FEI Number:** 59-6153484**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**JOHN GONZALEZ
2001 SOUTH KANNER HWY
STUART, FL 34994**Name and Address of New Registered Agent:**LOUISE FOSTER
2001 SOUTH KANNER HWY
STUART, FL 34994

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: LOUISE FOSTER

01/15/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: COB () Delete
Name: DAHN, LARRY
Address: 3592 SW BININT CIRCLE N
City-St-Zip: PALM CITY, FL 34990

Title: VC () Delete
Name: KOTCH, ED
Address: 6005 SE WINDSONG LANE
City-St-Zip: STUART, FL 349978263

Title: S () Delete
Name: PRENTICE, RICH
Address: 800 NW FORK RD #1-6
City-St-Zip: STUART, FL 34994

Title: T () Delete
Name: HEMPLE, JO
Address: 512 CORTEZ AVE
City-St-Zip: STUART, FL 34995

Title: D () Delete
Name: TURRELL, RICHARD
Address: 114 SE TURTLE CREEK DR
City-St-Zip: JUPITER, FL 33469

Title: D () Delete
Name: MELOSH, RICHARD
Address: 132 S SEWALLS POINT RD
City-St-Zip: SEWALLS POINT, FL 36996

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: COB (X) Change () Addition
Name: KOTCH, ED
Address: 4895 MARINER VILLAGE LANE
City-St-Zip: STUART, FL 34997

Title: VC (X) Change () Addition
Name: LASS, JOHN M
Address: 1700 SE MONTEREY ROAD
City-St-Zip: STUART, FL 34996

Title: S (X) Change () Addition
Name: HEMPEL, JO
Address: P.O. BOX 745
City-St-Zip: STUART, FL 34995

Title: T (X) Change () Addition
Name: AUMACK, NANCY E
Address: 1301 SE PORT ST. LUCIE BLVD.
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ED KOTCH

COB

01/15/2004

Electronic Signature of Signing Officer or Director

Date