

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90114 011 ****61.25

DOCUMENT # 739315

1. Entity Name
THE ARC OF MARTIN COUNTY INC.



Principal Place of Business
**2001 SOUTH KANNER HIGHWAY
STUART, FL 34994 US**

Mailing Address
**2001 SOUTH KANNER HIGHWAY
STUART, FL 34994 US**

50014366



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01052006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-6153484

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**MUNIZ, KEITH W
2001 SOUTH KANNER HWY
STUART, FL 34994**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **KOTCH, ED**
STREET ADDRESS **4895 MARINER VILLAGE LANE**
CITY-ST-ZIP **STUART, FL 34997**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **VC** ☐ Delete
NAME **LASS, JOHN M**
STREET ADDRESS **1700 SE MONTEREY RD**
CITY-ST-ZIP **STUART, FL 34996**

TITLE ☐ Change ☐ Addition
NAME ☒ Change ☐ Addition
STREET ADDRESS **Chair**
CITY-ST-ZIP **Lass, John m**
1700 SE Monterey Rd
Stuart, FL 34996

TITLE **T** ☐ Delete
NAME **HEMPEL, JO**
STREET ADDRESS **P O BOX 745**
CITY-ST-ZIP **STUART, FL 34995**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **VC** ☐ Delete
NAME **AUMACK, NANCY E**
STREET ADDRESS **1301 SE PORT ST LUCIE BLVD**
CITY-ST-ZIP **PORT ST. LUCIE, FL 34952**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **D** ☐ Delete
NAME **TURRELL, RICHARD**
STREET ADDRESS **114 SE TURLTE CREEK DR**
CITY-ST-ZIP **JUPITER, FL 33469**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **D** ☐ Delete
NAME **MELOSH, RICHARD**
STREET ADDRESS **132 S SEWALLS POINT RD**
CITY-ST-ZIP **SEWALLS POINT, FL 36996**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Josephina (Jo) Hempel*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/06
Date

Daytime Phone #