FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

'95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 765702 (6)

1. Corporation Name

MARTIN COUNTY TAXPAYER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
310 WEST 1ST STREET P.O. BOX 741 STUART FL 34995-7741	310 WEST 1ST STREET P.O. BOX 741 STUART FL 34995-7741

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/09/1982**
3a. Date of Last Report: **05/20/1994**
4. FEI Number: **59-2652292** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

SUNDHEIM JR, FREDERICK G
310 WEST 1ST STREET
STUART, FL
34994

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PRESIDENT/DIRECTOR	☑ Change ☐ Addition
NAME	NAVITSKY, V. JAMES	12 NAME	Thomas G. Kenny, III	
STREET ADDRESS	1672 NE SEA HORSE PL	13 STREET ADDRESS	7250 S.E. Federal Highway	
CITY-ST-ZIP	JENSEN BCH FL	14 CITY-ST-ZIP	Hobe Sound, FL 33455	
TITLE	VP	21 TITLE	V.P./DIRECTOR	☑ Change ☐ Addition
NAME	KENNY, TOM	22 NAME	James Dragseth	
STREET ADDRESS	7250 SE FED HWY	23 STREET ADDRESS	3636 old St. Lucie Boulevard	
CITY-ST-ZIP	HOBE SOUND FL	24 CITY-ST-ZIP	Stuart, FL 34996	
TITLE	SD	31 TITLE	secretary / Director	☐ Change ☐ Addition
NAME	WESTERFIELD, SHERRY	32 NAME	Westerfield, Sherry	
STREET ADDRESS	4522 SW BIMINI CIR	33 STREET ADDRESS	4522 SW Bimini Circle	
CITY-ST-ZIP	PALM CITY FL	34 CITY-ST-ZIP	Palm City, FL 34990	
TITLE	TPD	41 TITLE	Treasurer/Director	☐ Change ☐ Addition
NAME	STEWART, JAMES L	42 NAME	Stewart, James L.	
STREET ADDRESS	440 E OSCEOLA ST	43 STREET ADDRESS	440 East Osceola St.	
CITY-ST-ZIP	STUART FL	44 CITY-ST-ZIP	Stuart, FL 34994	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Thomas G. Kenny, President 4/14/95 (407)220-9717
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

007065