FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # 766818 (9)

1. Corporation Name

MARTIN COUNTY LITERACY COUNCIL, INCORPORATED

Principal Place of Business	Mailing Address
2300 S.E. OCEAN BLVD. STE D-9 STUART FL 34996 US	2300 S.E. OCEAN BLVD. STE D-9 STUART FL 34996 US

2. Principal Place of Business — 21 ___ Suite, Apt. #, etc. 22 ___ City & State 23 ___ Zip 24 ___ Country 25 ___

2a. Mailing Address — 26 ___ Suite, Apt. #, etc. 27 ___ City & State 28 ___ Zip 29 ___ Country 30 ___

3. Date Incorporated or Qualified: 02/03/1983

3a. Date of Last Report: 06/21/1995

4. FEI Number: 59-2382435 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

HARRIS, IRA W
2050 S.W. OLYMPIC CLUB TERRACE
PALM CITY FL 24990

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 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: Ira W. Harris
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	☐ DELETE
NAME	ETELSON, DORIS	
STREET ADDRESS	659 BITTERN S W	
CITY-ST-ZIP	PALM CITY FL	
TITLE	SD	☐ DELETE
NAME	CUTTLE, MARILYN	
STREET ADDRESS	537 SW 11TH CT	
CITY-ST-ZIP	PALM CITY FL	
TITLE	VPD	☒ DELETE
NAME	CHRISTOPHER, KAREN	
STREET ADDRESS	1914 SW ST. ANDREWS DRIVE	
CITY-ST-ZIP	PALM CITY FL	
TITLE	T	☐ DELETE
NAME	PETIT, STEVEN	
STREET ADDRESS	5033 S E TALL PINES WAY	
CITY-ST-ZIP	STUART FL	
TITLE	D	☐ DELETE
NAME	HARRIS, IRA	
STREET ADDRESS	2050 SW OLYMPIC CLUB TERRACE	
CITY-ST-ZIP	PALM CITY FL	
TITLE	PD	☐ DELETE
NAME	TUCK, HELEN	
STREET ADDRESS	175 SE ST LUCIE BLVD STE H-183	
CITY-ST-ZIP	STUART FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	VPD	☒ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(k), 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: Steven E. Petit — Steven Petit - Treasurer 3/5/96 (407) 288-2236
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)