

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90027 036 ****70.00

0075395

DOCUMENT # 766818

1. Corporation Name

MARTIN COUNTY LITERACY COUNCIL, INCORPORATED

Principal Place of Business

17 MARTIN L. KING BLVD.
STUART FL 34994
US

Mailing Address

17 MARTIN LUTHER KING JR BLVD
STUART FL 34994
US



2. Principal Place of Business

21 **2351 Monterey Road**

Suite, Apt. #, etc.

22 City & State

23 **Stuart FL**

Zip

24 **34996**

Country

25

2a. Mailing Address

26 **2351 Monterey Road**

Suite, Apt. #, etc.

27 City & State

28 **Stuart FL**

Zip

29 **34996**

Country

30

3. Date Incorporated or Qualified

02/03/1983

4. FEI Number

59-2382435

Applied For

Not Applicable

5. Certificate of Status Desired ☒**\$8.75** Additional Fee Required6. Election Campaign Financing Trust Fund Contribution ☐**\$5.00** May Be Added to Fees

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

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 **P** ☐ DELETE

NAME **PYNE, KITTI**
STREET ADDRESS **26 SIMARA ST**
CITY-ST-ZIP **SEWALLS PT FL 34996**

TITLE **SD** ☐ DELETE

NAME **CUTTLE, MARILYN**
STREET ADDRESS **537 SW 11TH CT**
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 **VPD** ☐ DELETE

NAME **HARRIS, IRA**
STREET ADDRESS **2050 SW OLYMPIC CLUB TERRACE**
CITY-ST-ZIP **PALM CITY FL**

TITLE **VD** ☐ DELETE

NAME **FINE, HELEN TUCK**
STREET ADDRESS **1823 BUTTONBUSH CIRCLE**
CITY-ST-ZIP **PALM CITY FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS

CITY-ST-ZIP

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 ☐ 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 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/99

(561) 219-4960

Date

Daytime Phone #

CR2E037 (1/98)