

**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 # 766844 (5)

1. Corporation Name  
**MARTIN MEMORIAL FOUNDATION, INC.**



Principal Place of Business: 501 E OSCEOLA STUART FL 34994  
Mailing Address: PO BOX 9010 STUART FL 34995-9010 US

3. Date Incorporated or Qualified: 02/04/1983  
3a. Date of Last Report: 05/01/1995

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-2343938	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
	Zip	28	Zip		<input type="checkbox"/>	
23	Country	29	Country	6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
	24		30		<input type="checkbox"/>	
				8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

HARMAN, RICHMOND M.  
301 HOSPITAL AVE  
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
85	Zip Code

FL

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	CD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HORTON, MARY JO	1.2 NAME	Boughner, Lee
STREET ADDRESS	2626 SW EGRET POND CIRCLE	1.3 STREET ADDRESS	1918 SW Crane Creek Avenue
CITY-ST-ZIP	PALM CITY FL	1.4 CITY-ST-ZIP	Palm City, FL 34990
TITLE	SD	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUTTER, LINDY	2.2 NAME	
STREET ADDRESS	5671 SE FOXCROSS PLACE	2.3 STREET ADDRESS	700001810277
CITY-ST-ZIP	STUART FL 34997	2.4 CITY-ST-ZIP	-05/07/96--01010--050
TITLE	PD	3.1 TITLE	***628.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARMAN, RICHMOND	3.2 NAME	
STREET ADDRESS	301 HOSPITAL AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	3.4 CITY-ST-ZIP	
TITLE	VCD	4.1 TITLE	VCD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HODGE, LUTHER	4.2 NAME	Giachino, Juan-Carlos, MD
STREET ADDRESS	819 S FEDERAL HWY, SUITE 100	4.3 STREET ADDRESS	421 E. Osceola
CITY-ST-ZIP	STUART FL 34994	4.4 CITY-ST-ZIP	Stuart, FL 34994
TITLE	STD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWIFT, GEORGE	5.2 NAME	
STREET ADDRESS	2363 E. OCEAN BLVD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, KAREN	6.2 NAME	
STREET ADDRESS	2150 GOLFVIEW LANE	6.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL 34996	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: Richard M. Harman Date: 4/30/96 (407) 287-5200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)