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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 20 1997 8:00am

Secretary of State

A ABBAN KROKE BININ BINEN BININ BIRNI BIRNI

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

766844

(5)

MARTIN MEMORIAL FOUNDATION, INC.

STUART FL 34996

CITY - ST - ZIP

SIGNATURE:

| Principal Place | e of Business | Mailing Address | | | | | |
|---|---|--|--|--|--|--|--------------------|
| 501 E OSCEOLA STUART FL 34994 | | PO BOX 9010 Stuart FL 34995-9010 US | | | | | ŧ |
| | | US | | | 3. Date incorporated or Qualified 02/04/1983 | 3a. Date of Last Report 05/01/1996 | t |
| 2. Principal P | lace of Business | 2a. Mailing Address | | | 4. FEI Number 59-2343938 | Applied Not Ap | d For plicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | \$8.75 Additi | |
| City & State | е | City & State | | | Election Campaign Financing Trust Fund Contribution | \$5.00 May Added to Fe | |
| Zip 24 | Country 25 | Zip 29 | Cour 30 | ntry | | Yes 🔲 No | 1.032, |
| | 9. Name and Address of Cur | rent Registered Agent | | | 10. Name and Address of New Re | istered Agent | |
| | | | Į | 81 Name | | | |
| HARMAN, RICHMOND M. 301 HOSPITAL AVE | | | ļ | 82 Street Add | dress (P.O. Box Number is Not Acceptable) | | |
| | T FL 34994 | | . [| 83 | | | |
| | | | Ì | 84 City | | 85 Zip Code |) |
| 11. Pursuant office or ragent. La | to the provisions of Sections 617. registered agent, or both, in the Si am familiar with, and accept the ob | 0502 and 617.1508, Florida Statu late of Florida. Such change was oligations of, Section 617.0503, F | ites, the ab authorized forida Stati | ove-named cor by the corpora ites. | poration submits this statement for the pation's board of directors. I hereby accept | urpose of changing its reg t the appointment as regin | gistered stered |
| SIGNATURE . | *************************************** | | | | | ······ | |
| 12. | Signature, typed or printed name of registered | d agent and title if applicable. (NO AND DIRECTORS | TE: Registered | Agent signature requ | aired when reinstating) ADDITIONS/CHANGES TO OFFICE | DATE | 112 |
| TITLE | CD | AND DIRECTORS DELETE | 1.1 TO | E T | ADDITIONS/CHANGES TO OFFIC | | Addition |
| NAME | BOUGHNER, LEE | | 1.2 NA | i i | | | , |
| STREET ADDRESS 1918 SW CRANE CREEK AVENUE | | | | HEET ADDRESS | | | |
| CITY-ST-ZiP | PALM CITY FL 34990 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | Y-ST-ZIP | | | |
| TITLE | 0 | DELETE | 2.1 TIT | ···· | | ☐ Change ☐ | Addition |
| NAME | CUTTER, LINDY | | 2.2 NA | ME Ì | | | |
| STREET ADDRESS | 5671 SE FOXCROSS PLACE | | 2.3 ST | REET ADDRESS | | | |
| CITY-ST-ZIP | STUART FL 34997 | | 2. 4 Ci | ry-ST-ZiP | | | |
| TITLE | VCD | DELETE | 3.1 T(T | | | ☐ Change ☐ | Addition |
| NAME | GIACHINO, JUAN-CARLO | S, MD | 3.2 NA | VIE | | | |
| STREET ADDRESS | 421 E. OSCEOLA | | 3.3 ST | REET ADDRESS | | | |
| CITY-ST-ZIP | STUART FL 34994 | | 3.4. Ci | IY-ST-ZIP | | | |
| TITLE | PD | ☐ DELETE | 4.1 111 | LĒ | | Change | Addition |
| NAME | HARMAN, RICHMOND | | 4.2 N | ME | | | |
| STREET ADDRESS | 301 HOSPITAL AVENUE | | 4.3 ST | REET ADDRESS | | | |
| CITY-ST-ZIP | STUART FL | 1—32 | | Y-ST-ZIP | | | ¶ 2 |
| TITLE | STD | ☐ DELETE | 5.¶ TIT | LE | | ☐ Change ☐ | Addition |
| NAME | SWIFT, GEORGE | | 5.2 NA | 1 | • | | |
| STREET ADDRESS | 2363 E. OCEAN BLVD. | | 5.3 ST | REET ADDRESS | | | |
| CITY-ST-ZIP | STUART FL | | | Y-ST-ZIP | | | T a date: |
| TITLE | SD | ☐ DELETE | 6.1 TIT | | | Change | Addition |
| NAME | ALLEN, KAREN | | 6.2 NA | | | | |
| STREET ADDRESS | 2150 GOLFVIEW LANE | | 6.3 ST | REET ADDRESS | | | |

6.4 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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.