

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766844

FILED
Apr 04, 2011
Secretary of State

Entity Name: MARTIN MEMORIAL FOUNDATION, INC.

Current Principal Place of Business:

2135 SE OCEAN BLVD
STUART, FL 34996 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 9010
STUART, FL 34995 US

New Mailing Address:

FEI Number: 59-2343938

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LORD, ROBERT L
301 HOSPITAL AVE
STUART, FL 34994 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C/D
Name: NOONAN, PATRICIA
Address: 6401 SE INLET WAY
City-St-Zip: STUART, FL 34996 US

Title: P/D
Name: ROBITAILLE, MARK
Address: 301 HOSPITAL AVENUE
City-St-Zip: STUART, FL 34994 US

Title: T/D
Name: LOEWENBERG, JOHN
Address: 12777MARINER COURT
City-St-Zip: PALM CITY, FL 34990 US

Title: D
Name: CRAWFORD, ERIC
Address: 4480 SW THISTLE TERR.
City-St-Zip: PALM CITY, FL 34990 US

Title: D
Name: KNAPP, JULES
Address: 2948 SE SOUTHVIEW DRIVE
City-St-Zip: STUART, FL 34996 US

Title: S/D
Name: EVANS, LINDA
Address: 6700 SE HARBOR CIRCLE
City-St-Zip: STUART, FL 34996 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARK E. ROBITAILLE

P/D

04/04/2011

Electronic Signature of Signing Officer or Director

Date