

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 18, 2007 08:00 AM  
Secretary of State

DOCUMENT # F03000001678

1. Entity Name  
THE MARTIN FOUNDATION, INC.



Principal Place of Business  
5051 CASTELLO SQUARE, STE. 204  
NAPLES, FL 34103

Mailing Address  
5051 CASTELLO SQUARE, STE. 204  
NAPLES, FL 34103



01232007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
35-1070929

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

NAPLES-LAWDOCK, INC.  
1395 PANTHER LANE  
SUITE 300  
NAPLES, FL 34109

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CP  
MARTIN, GERALDINE  
5051 CASTELLO SQUARE, STE. 204  
NAPLES, FL 34103

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VCST  
MARTIN, CASPER  
35 JUNIPER ROAD  
ANDOVER, MA 01810

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
MARTIN, JENNIFER  
16110 36TH PLACE NORTH  
PLYMOUTH, MN 5546

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
MARTIN, ELIZABETH  
10531 MANITOU BEACH DRIVE NE  
BAINBRIDGE ISLAND, WA 98110

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Geraldine Martin*

4/9/2007

239-592-7531