

05/28/08 90012 041 \$61.25

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # F03000001678

1. Entity Name  
THE MARTIN FOUNDATION, INC.



FILED

08 JUN 10 PM 3:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

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



04292008 No Chg-NP CR2E037 (4/08)

4. FEI Number  
35-1070929

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

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 reissuing)

DATE \_\_\_\_\_

Filing Fee is \$61.25  
Due by May 1, 2008

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

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

TITLE D  
NAME MARTIN, ELIZABETH  
STREET ADDRESS 10531 MANITOU BEACH DRIVE NE  
CITY-ST-ZIP 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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/05/08

Daytime Phone # \_\_\_\_\_

26/10