

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001678

FILED
Mar 16, 2009
Secretary of State

Entity Name: THE MARTIN FOUNDATION, INC.

Current Principal Place of Business:

5051 CASTELLO SQUARE, STE. 204
NAPLES, FL 34103

New Principal Place of Business:

Current Mailing Address:

5051 CASTELLO SQUARE, STE. 204
NAPLES, FL 34103

New Mailing Address:

FEI Number: 35-1070929

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NAPLES-LAWDOCK, INC.
1395 PANTHER LANE
SUITE 300
NAPLES, FL 34109 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: CP () Delete
Name: MARTIN, GERALDINE
Address: 5051 CASTELLO SQUARE, STE. 204
City-St-Zip: NAPLES, FL 34103

Title: VCST () Delete
Name: MARTIN, CASPER
Address: 35 JUNIPER ROAD
City-St-Zip: ANDOVER, MA 01810

Title: D () Delete
Name: MARTIN, JENNIFER
Address: 16110 36TH PLACE NORTH
City-St-Zip: PLYMOUTH, MN 5546

Title: D () Delete
Name: MARTIN, ELIZABETH
Address: 10531 MANITOU BEACH DRIVE NE
City-St-Zip: BAINBRIDGE ISLAND, WA 98110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: GERALDINE MARTIN

CP

03/16/2009

Electronic Signature of Signing Officer or Director

Date