

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 30, 2003 8:00 am**  
**Secretary of State**

07-30-2003 90071 006 \*\*\*\*61.25

0016196

**DOCUMENT # N00000006957**

1. Entity Name

**JOSEPHINE S. MARTIN FOUNDATION FOR THE PRESERVATION OF THE LATIN LANGUAGE, INC.**



Principal Place of Business

**35 W LEMON STREET  
TARPON SPRINGS FL 34689**

Mailing Address

**35 W LEMON STREET  
TARPON SPRINGS FL 34689**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

**623 East Tarpon Avenue**

Suite, Apt. #, etc.

**623 East Tarpon Avenue**

City & State

**Tarpon Springs, FL**

City & State

**Tarpon Springs, FL**

Zip

**34689**

Country

Zip

**34689**

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3696484**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**ELLIOTT, HERBERT  
35 W LEMON STREET  
TARPON SPRINGS FL 34689**

7. Name and Address of New Registered Agent

Name **Elliott, Herbert**

Street Address (P.O. Box Number is Not Acceptable)

**623 East Tarpon Avenue**

City

**Tarpon Springs**

FL

Zip Code

**34689**

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

**FILE NOW: FEE IS \$61.25**

**After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PSD** ☐ Delete  
NAME **MARTIN, CHARLES P JR**  
STREET ADDRESS **35 W LEMON STREET**  
CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE **VTD** ☐ Delete  
NAME **ELLIOTT, HERBERT**  
STREET ADDRESS **35 W LEMON STREET**  
CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE **T** ☐ Delete  
NAME **ELLIOT, CHARLES P JR**  
STREET ADDRESS **35 W LEMON STREET**  
CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VTD** ☒ Change ☐ Addition  
NAME **ELLIOTT, HERBERT**  
STREET ADDRESS **623 EAST TARPON AVENUE**  
CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)