

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001108

FILED
Apr 22, 2008
Secretary of State

Entity Name: GINETTE RAMEAU MARTIN FOUNDATION, INC.

Current Principal Place of Business:

707 S. SUN N LAKE BLVD.
LAKE PLACID, FL 33852 US

New Principal Place of Business:

Current Mailing Address:

707 S. SUN N LAKE BLVD.
LAKE PLACID, FL 33852 US

New Mailing Address:

FEI Number: 65-1075415

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTIN, GINETTE R P
707 S. SUN N LAKE BLVD.
LAKE PLACID, FL 33852 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: T () Delete
Name: MARTIN, RENEE M MS.
Address: 707 S. SUN N LAKES BLVD.
City-St-Zip: LAKE PLACID, FL 33852

Title: D () Delete
Name: MARTIN, CARL F MR.
Address: 707 S. SUN N LAKE BLVD
City-St-Zip: LAKE PLACID, FL 33852

Title: D () Delete
Name: MARTIN, PAUL W MR.
Address: 4154 WEST MAIN STREET
City-St-Zip: WAUCHULA, FL 33873

Title: V () Delete
Name: MARTIN, JOSEPH P MR.
Address: 602 LOBELIA DRIVE
City-St-Zip: DAVENPORT, FL 33837

Title: S () Delete
Name: MARTIN, MARIE
Address: 707 S. SUN N LAKE BLVD.
City-St-Zip: LAKE PLACID, FL 33852

Title: D () Delete
Name: MARTIN, LIONEL P MR.
Address: 707 S. SUN N LAKE BLVD.
City-St-Zip: LAKE PLACID, FL 33852

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:

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: JOSEPH P. MARTIN

V

04/22/2008

Electronic Signature of Signing Officer or Director

Date