


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

FILED
Aug 11, 2003 8:00 am
Secretary of State

08-11-2003 90277 009 ****66.25

DOCUMENT # N01000001108

1. Entity Name
GINETTE RAMEAU MARTIN FOUNDATION, INC.



Principal Place of Business
**7951 SW 7TH CT.
N. LAUDERDALE FL 33068**

Mailing Address
**7951 SW 7TH CT.
N. LAUDERDALE FL 33068**

90149742



2. Principal Place of Business
707 SUN N LAKE BLVD.
Suite, Apt. #, etc.

3. Mailing Address
707 SUN N LAKE BLVD.
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
LAKE PLACID, FL

City & State
LAKE PLACID, FL

Zip
33852

Country
USA

Zip
33852

Country
USA

4. FEI Number **65-1075415**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

MARTIN, GINETTE R
7951 SW 7TH CT.
N. LAUDERDALE FL 33068

7. Name and Address of New Registered Agent

Name
Martin, Ginette R.

Street Address (P.O. Box Number is Not Acceptable)
707 Sun N Lakes Blvd.

City
Lake Placid

State
FL

Zip Code
33852

B. 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 _____ DATE **8/7/03**

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	T	<input checked="" type="checkbox"/> Delete
NAME	MARTIN, RENEE	
STREET ADDRESS	7951 SW 7TH CT.	
CITY-ST-ZIP	N. LAUDERDALE FL 33068	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MARTIN, CARL F	
STREET ADDRESS	1605 NW. 50 AVE BUILD D	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MORTON, PAUL W	
STREET ADDRESS	7341 NW 75 ST	
CITY-ST-ZIP	TOMARAC FL 33321	
TITLE	M	<input checked="" type="checkbox"/> Delete
NAME	MORTIN, JOSEPH P	
STREET ADDRESS	606 SW 80TH TERRACE	
CITY-ST-ZIP	POMPANO BEACH FL 33068	
TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	MARTIN, CATHY	
STREET ADDRESS	1608 NW 80 AVE. BLVD D	
CITY-ST-ZIP	MARGATE FL 33065	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MARTIN, LIONEL	
STREET ADDRESS	7951 SW 7TH CT	
CITY-ST-ZIP	N. LOUD FL 33068	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTIN, RENEE	
STREET ADDRESS	7341 NW 75 st	
CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTIN, CARL	
STREET ADDRESS	606 SW 80th AVE	
CITY-ST-ZIP	North lauderdale, FL 33068	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTIN, PAUL W	
STREET ADDRESS	7341 NW 75th st	
CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE	M	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTIN, Joseph P	
STREET ADDRESS	606 SW 80th TERRACE	
CITY-ST-ZIP	North lauderdale, FL 33068	
TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTIN, MARIE	
STREET ADDRESS	707 SUN N LAKE BLVD	
CITY-ST-ZIP	LAKE PLACID, FL 33852	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTIN, LIONEL	
STREET ADDRESS	707 SUN N LAKE BLVD.	
CITY-ST-ZIP	LAKE PLACID, FL 33852	

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** *Quinta Carter* DATE: **8/7/03** (863) 6995772

CR2E037 (4/03)