

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

FILED
Aug 06, 2003 8:00 am
Secretary of State

08-06-2003 90059 003 ****61.25

DOCUMENT # N01000007846

1. Entity Name

MARTIN COUNTY SPECIAL NEEDS TRAINING, INC.



Principal Place of Business

**3605 SE SALERNO ROAD
STUART FL 34997**

Mailing Address

**3605 SE SALERNO ROAD
STUART FL 34997**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **80-0024642**

Applied For
Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FELDMAN, ELIZABETH R
5181 NASSAU TERRACE
STUART FL 34997**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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	D	<input type="checkbox"/> Delete
NAME	FELDMAN, ELIZABETH R	
STREET ADDRESS	5181 NASSAU TERRACE	
CITY-ST-ZIP	STUART FL 34997	
TITLE	D	<input type="checkbox"/> Delete
NAME	COHEN, JERRY	
STREET ADDRESS	13 FAIRWAY CIRCLE S	
CITY-ST-ZIP	MANHASSETT, NY	
TITLE	D	<input type="checkbox"/> Delete
NAME	FELDMAN, CHARLES	
STREET ADDRESS	5181 NASSAU TERRACE	
CITY-ST-ZIP	STUART FL 34997	
TITLE	T	<input type="checkbox"/> Delete
NAME	SAPIENZA, WILLIAM	
STREET ADDRESS	3043 SW MARCO LANE	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	T	<input type="checkbox"/> Delete
NAME	BERLER, BEVERLY	
STREET ADDRESS	13018 TOUCHSTONE PLACE	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE	T	<input type="checkbox"/> Delete
NAME	SCHWARTZ, PATRICIA	
STREET ADDRESS	6495 SE CIRCLE STREET	
CITY-ST-ZIP	HOBE SOUND FL 33455	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gail Rawlings	
STREET ADDRESS	8275 SE Palm St.	
CITY-ST-ZIP	Hobe Sound, FL 33455	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sarah Silva	
STREET ADDRESS	3253 SE Pinto St.	
CITY-ST-ZIP	Port. St Lucie, FL 34984	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Patricia Schomyer	
STREET ADDRESS	1025 SW PRAIRIE WHITNEY ROAD	
CITY-ST-ZIP	Stuart, FL 34997	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Adrean Bachman	
STREET ADDRESS	8705 Coconut St	
CITY-ST-ZIP	Hobe Sound, FL 33455	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Elizabeth R Feldman*

August 2, 2003 272-286-1485

CR2E037 (4/03)