

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morthan  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N24558** (1)  
1. Corporation Name  
**MARTIN COUNTY II COMMUNITY FOUNDATION, INC.**



Principal Place of Business Mailing Address  
**C/O WILLIAM C FOWLER** **C/O WILLIAM C FOWLER**  
**33 FLAGLER AVE** **33 FLAGLER AVE**  
**STUART FL 34994** **STUART FL 34994**

3. Date Incorporated or Qualified **01/28/1988** 3a. Date of Last Report **01/26/1995**

21	2. Principal Place of Business <b>40 FLOYD D. JORDAN</b>	2a. Mailing Address <b>40 WILLIAM C. FOWLER</b>	FBI Number <b>58-8064000</b>	Applied For Not Applicable
22	Suite, Apt. #, etc. <b>759 S. FEDERAL HWY</b>	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	City & State <b>STUART, FL</b>	City & State <b>STUART, FL</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Zip <b>34994</b>	Country <b>USA</b>	29 <b>34994</b>	30 <b>USA</b>

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
<b>JORDAN, FLOYD D</b> <b>759 S. FEDERAL HWY</b> <b>STUART FL 34994</b>		81	Name	
		82	Street Address (P.O. Box Number is Not Acceptable)	
		83		
		84	City	
		<b>FL</b>	85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JORDAN, FLOYD D.</b>	1.2 NAME	
STREET ADDRESS	<b>71 SOUTH RIVER ROAD</b>	1.3 STREET ADDRESS	<b>759 S. FEDERAL HWY</b>
CITY - ST - ZIP	<b>STUART FL</b>	1.4 CITY - ST - ZIP	<b>STUART, FL 34994</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>OLENICK, MICHAEL H</b>	2.2 NAME	
STREET ADDRESS	<b>SUITE 120, 900 E OCEAN BLVD</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>STUART FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>SD</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COMBS, LESTER M.</b>	3.2 NAME	
STREET ADDRESS	<b>MANDALAY ISL. SEWALLS PT</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>STUART FL</b>	3.4 CITY - ST - ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FOWLER, WILLIAM C</b>	4.2 NAME	
STREET ADDRESS	<b>33 FLAGLER AVE</b>	4.3 STREET ADDRESS	<b>103 SE FLAMINGO AVE.</b>
CITY - ST - ZIP	<b>STUART FL</b>	4.4 CITY - ST - ZIP	<b>STUART, FL 34994</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WEBER, THOMAS E, JR.</b>	5.2 NAME	
STREET ADDRESS	<b>1939 S FEDERAL HWY</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>STUART FL</b>	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William C. Fowler **TREASURER** **1/18/96** **(407) 597-2104**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)