

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 29 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N42171 (1)

1. Corporation Name

MARTIN COUNTY EDUCATION FOUNDATION, INC.

Principal Place of Business

Mailing Address

P O BOX 291
STUART FL 34994

P O BOX 291
STUART FL 34995-0291



3. Date Incorporated or Qualified
02/21/1991

3a. Date of Last Report
02/08/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WEBER, JEFFREY L
2400 SE FEDERAL HWY
STUART FL 34994

81 Name

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

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME TD
STREET ADDRESS TAYLOR, ANDREW
CITY-ST-ZIP 15950 KANNER HWY S.W.
INDIANTOWN FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE
NAME PD
STREET ADDRESS WEBER, JEFF
CITY-ST-ZIP 2400 S. FEDERAL HWY.
STUART FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE
NAME D
STREET ADDRESS SWEET, GARY L
CITY-ST-ZIP 1489 NW LAKESIE TRAIL
STUART FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME D
STREET ADDRESS BONTA, BEVIE
CITY-ST-ZIP 500 EAST OCEAN BLVD.
STUART FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME SD
STREET ADDRESS ANDERSON, DR DAVID
CITY-ST-ZIP C/O IRCC VIRGINA AVE
FT PIERCE FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME D
STREET ADDRESS BURGESS, JUDY
CITY-ST-ZIP 98 S SEWALLS PT RD
STUART FL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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

1-10-97

561-597-2129

CR2E037 (9/96)