2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42171

FILED Apr 24, 2007 Secretary of State

Entity Name: EDUCATION FOUNDATION OF MARTIN COUNTY, INC.

Current Principal Place of Business: New Principal Place of Business: P O BOX 291 500 EAST OCEAN BLVD. STUART, FL 34994 STUART, FL 34994 **Current Mailing Address: New Mailing Address:** P O BOX 291 STUART, FL 34994 FEI Number: 65-0304639 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HEIFMAN, MS. EILEEN RHODES, LISA MRS. 3139 SW CAPTIVA CT. 8 RIDGELAND DRIVE PALM CITY, FL 34990 US STUART, FL 34996 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: LISA RHODES 04/24/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete HELFMAN, EILEEN RHODES, LISA MRS. Name: Name: 8 RIDGELAND DR Address: 3139 SW CAPTIVA CT. Address: City-St-Zip: STUART, FL 34996 City-St-Zip: PALM CITY, FL 34990 Title: () Delete Title: () Change () Addition KLEINFILD, HELEN MS. Name: Name: Address: 2875 NW GOLDEN ROD RD Address: City-St-Zip: JENSEN BEACH, FL 34957 City-St-Zip: Title: () Delete Title: (X) Change () Addition LYONS, NANAY Name: LYONS, NANCY Name: 1416 NE HIGH HAMMOCK COURT 1416 NE HIGH HAMMOCK COURT Address: Address: City-St-Zip: JENSEN BEACH, FL 34957 City-St-Zip: JENSEN BEACH, FL 34957 Title: () Delete Title: () Change () Addition Name: MCGRATH, JENNIFER Name: Address: 2751 S. DIXIE HWY Address: City-St-Zip: WEST PALM BEACH, FL 33416 City-St-Zip: Title: () Delete Title: () Change () Addition MILLER, TRACY MS. Name: Name: 4890 SE JACK AVENUE Address: Address: City-St-Zip: STUART, FL 34997 City-St-Zip: Title: (X) Delete Title: () Change () Addition RHODES, LISA MS Name: Name: Address: 3139 SW CAPTIVA COURT Address: PALM CITY, FL 34990 City-St-Zip: 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: LISA RHODES ED 04/24/2007