

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42171

FILED
Apr 22, 2009
Secretary of State

Entity Name: EDUCATION FOUNDATION OF MARTIN COUNTY, INC.

Current Principal Place of Business:

500 EAST OCEAN BLVD.
STUART, FL 34994

New Principal Place of Business:

Current Mailing Address:

P O BOX 291
STUART, FL 34994

New Mailing Address:

FEI Number: 65-0304639

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RHODES, LISA MRS.
3139 SW CAPTIVA CT.
PALM CITY, FL 34990 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: ED () Delete
Name: RHODES, LISA MRS.
Address: 3139 SW CAPTIVA CT.
City-St-Zip: PALM CITY, FL 34990

Title: T () Delete
Name: KLEINFELD, HELEN MS.
Address: 2875 NW GOLDEN ROD RD
City-St-Zip: JENSEN BEACH, FL 34957

Title: D () Delete
Name: LYONS, NANCY
Address: 1416 NE HIGH HAMMOCK COURT
City-St-Zip: JENSEN BEACH, FL 34957

Title: D () Delete
Name: MCGRATH, JENNIFER
Address: 2751 S. DIXIE HWY
City-St-Zip: WEST PALM BEACH, FL 33416

Title: D () Delete
Name: MILLER, TRACY MS.
Address: 4890 SE JACK AVENUE
City-St-Zip: STUART, FL 34997

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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

04/22/2009

Electronic Signature of Signing Officer or Director

Date