FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 6:30

DOCUMENT # **N43195** **(9)**

1. Corporation Name

BUSINESS DEVELOPMENT BOARD OF MARTIN COUNTY, INC

Principal Place of Business	Mailing Address
~~851 JOHNSON AVE~~ 2400 S. Federal Hwy, Ste 210	~~851 JOHNSON AVE~~
P O BOX 2471	P O BOX 2471
STUART FL ~~34995-2471~~ 34994	STUART FL 34995
US	

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
04/23/1991	05/11/1994

4. FEI Number: 65-0255366 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 2400 S. Federal Hwy.	26 P.O. Box 2471
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Suite 210	27
City & State	City & State
23	28
Zip / Country	Zip / Country
24 34994 / 25	29 / 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
NORMAN, KENNETH A. ESQ 2400 S FEDERAL HWY STE 300 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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	D	☒ Change ☐ Addition
NAME	~~MCKEY, JOHN D, JR~~	12 NAME	Kinane, Timothy J.	
STREET ADDRESS	~~2081 E OCEAN BLVD STE 2A~~	13 STREET ADDRESS	47 E. Ocean Boulevard	
CITY-ST-ZIP	STUART FL	14 CITY-ST-ZIP	Stuart, FL 34994	
TITLE	V	21 TITLE	D	☒ Change ☐ Addition
NAME	~~KINANE, TIMOTHY~~	22 NAME	Powers, Stephen	
STREET ADDRESS	~~47 E OCEAN BLVD~~	23 STREET ADDRESS	555 N. E. Ocean Boulevard	
CITY-ST-ZIP	STUART FL	24 CITY-ST-ZIP	Stuart, FL 34996	
TITLE	~~TD~~	31 TITLE	D	☒ Change ☐ Addition
NAME	~~COLLIER, DAVID~~	32 NAME	Welch, Tom	
STREET ADDRESS	~~121 S.W. FLAGLER AVE.~~	33 STREET ADDRESS	900 E. Ocean Boulevard, #232	
CITY-ST-ZIP	STUART FL	34 CITY-ST-ZIP	Stuart, FL 34994	
TITLE	~~SD~~	41 TITLE	D	☒ Change ☐ Addition
NAME	~~BYRD, GAIL A~~	42 NAME	Silk, Pat	
STREET ADDRESS	~~4968 S.W. DIXIE HWY.~~	43 STREET ADDRESS	3405 NW Federal Highway	
CITY-ST-ZIP	~~STUART FL~~	44 CITY-ST-ZIP	Jensen Beach, FL 34957	
TITLE	M	51 TITLE	D	☒ Change ☐ Addition
NAME	ASTOLFI, TED	52 NAME		
STREET ADDRESS	~~851 JOHNSON AVE~~	53 STREET ADDRESS	2400 S. Federal Highway, Ste. 210	
CITY-ST-ZIP	STUART FL	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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: Ted Astolfi, Executive Director Ted Astolfi 1/9/95 (407) 221-1380
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Area Code & Daytime Phone Number