

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 20, 2008 8:00 am**  
**Secretary of State**

03-20-2008 90030 014 \*\*\*\*61.25

**DOCUMENT # N47430**

1. Entity Name  
**THE LIBRARY FOUNDATION OF MARTIN COUNTY, INC.**



Principal Place of Business  
**2351 S.E. MONTEREY ROAD  
STUART, FL 34996 US**

Mailing Address  
**2351 S.E. MONTEREY ROAD  
STUART, FL 34996 US**

**50000363**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01142008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**65-0315112**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SUZANNE HORSTMAN, EXEC. DIR.  
THE LIBRARY FOUNDATION OF MARTIN COUNTY  
2351 S.E. MONTEREY ROAD  
STUART, FL 34996**

Name

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

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME **SD**  
STREET ADDRESS **LAHTI, ELISABETH**  
CITY-ST-ZIP **2123 SW SPOONBILL DRIVE  
PALM CITY, FL 34990**

TITLE ☐ Delete  
NAME **VP**  
STREET ADDRESS **CHRISTIN, JACK J**  
CITY-ST-ZIP **6371 THISTLE TERR  
PALM CITY, FL 34990**

TITLE ☐ Delete  
NAME **P**  
STREET ADDRESS **DOWNING, PATRICIA**  
CITY-ST-ZIP **322 SE GEORGIA AVE  
STUART, FL 34994**

TITLE ☐ Delete  
NAME **T**  
STREET ADDRESS **PEARSON, ROBERT**  
CITY-ST-ZIP **485 SE ST. LUCIE BLVD  
STUART, FL 34996**

TITLE ☒ Delete  
NAME **PD**  
STREET ADDRESS **BROWN, WILFORD B**  
CITY-ST-ZIP **8620 S.E. SABAL STREET  
HOBE SOUND, FL 33455**

TITLE ☐ Delete  
NAME **ED**  
STREET ADDRESS **HORSTMAN, SUZANNE**  
CITY-ST-ZIP **4597 S.E. WINDSOR COURT  
STUART, FL 34997**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME **P**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME **PD**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME **VP**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **T**  
STREET ADDRESS **LEO CLANCY**  
CITY-ST-ZIP **1419 WINTERS CREEK RD  
PALM CITY, FL 34990**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Suzanne Horstman **SUZANNE HORSTMAN, EXEC DIR** 3/10/08 772.221.1409  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #