

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2005
Secretary of State

DOCUMENT# N96000004178

Entity Name: MARTIN MEMORIAL SOCIAL SERVICE, INC.

Current Principal Place of Business:

14700 LINCOLN BLVD.
MIAMI, FL 33176

New Principal Place of Business:

Current Mailing Address:

14700 LINCOLN BLVD.
MIAMI, FL 33176

New Mailing Address:

FEI Number: 65-0849739

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EWING, PEARCE
14700 LINCOLN BLVD.
MIAMI, FL 33176 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: CD () Delete
Name: EWING, PEARCE
Address: 14700 LINCOLN BLVD.
City-St-Zip: MIAMI, FL 33176

Title: VCD () Delete
Name: KINSEY, AL
Address: 11301 SW 156 ST
City-St-Zip: MIAMI, FL 33157

Title: DS () Delete
Name: ALBURY, JUANITA
Address: 14920 LOUIS STREET
City-St-Zip: MIAMI, FL 33176

Title: TD () Delete
Name: COLLEY, CLIFFORD
Address: 15920 SW 102 AVE
City-St-Zip: MIAMI, FL 33177

Title: D () Delete
Name: GILLIARD, INEZ
Address: 10960 SW 177ST
City-St-Zip: MIAMI, FL

Title: D () Delete
Name: BETHEL, KENNETH
Address: 11701 SW 208 STREET
City-St-Zip: MIAMI, FL 33177

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
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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 for the exemption stated in Section 119.07(3)(i), 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: PEARCE EWING

CD

03/15/2005

Electronic Signature of Signing Officer or Director

_____ Date