

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 16, 2003 8:00 am**  
**Secretary of State**

06-16-2003 90138 019 \*\*\*\*61.25

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**DOCUMENT # N96000004178**

1. Entity Name

**MARTIN MEMORIAL SOCIAL SERVICE, INC.**



Principal Place of Business

**14700 LINCOLN BLVD.  
MIAMI FL 33176**

Mailing Address

**14700 LINCOLN BLVD.  
MIAMI FL 33176**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0849739**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**EWING, PEARCE  
14700 LINCOLN BLVD.  
MIAMI FL 33176**

7. Name and Address of New Registered Agent

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

**FILE NOW: FEE IS \$61.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<b>CD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EWING, PEARCE</b>	NAME	
STREET ADDRESS	<b>14700 LINCOLN BLVD.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33176</b>	CITY-ST-ZIP	
TITLE	<b>VCD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KINSEY, AL</b>	NAME	
STREET ADDRESS	<b>11301 SW 156 ST</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33157</b>	CITY-ST-ZIP	
TITLE	<b>DS</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALBURY, JUANITA</b>	NAME	
STREET ADDRESS	<b>14920 LOUIS STREET</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33176</b>	CITY-ST-ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COLLEY, CLIFFORD</b>	NAME	
STREET ADDRESS	<b>15920 SW 102 AVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33177</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GILLIARD, INEZ</b>	NAME	
STREET ADDRESS	<b>10960 SW 177ST</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BETHEL, KENNETH</b>	NAME	
STREET ADDRESS	<b>11701 SW 208 STREET</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33177</b>	CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 empowers.

SIGNATURE: \_\_\_\_\_

**SIGNATURE REQUIRED**

6/2/03

CR2E037 (10/02)