2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # N97000007145

1. Entity Name
THE ARTS FOUNDATION FOR MARTIN COUNTY, INC.

Principal Place of Business	Mailing Address
80 E OCEAN BLVD STUART, FL 34994	80 E OCEAN BLVD STUART, FL 34994

DO NOT WRITE IN THIS SPACE

03292005 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0819846
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FOX, M. LANNING
1100 S FEDERAL HWY
STUART, FL 34997

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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, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	O'CONNOR, MAUREEN
STREET ADDRESS	508 COLORADO AVE
CITY-ST-ZIP	STUART, FL 34996
TITLE	SD
NAME	NICHOLS-CHASON, VIANNE
STREET ADDRESS	233 SE WELLS DR.
CITY-ST-ZIP	STUART, FL 34996
TITLE	D
NAME	VALLE, ROBERT E
STREET ADDRESS	5010 BURNING TREE CIR
CITY-ST-ZIP	STUART, FL 34997
TITLE	ED
NAME	TURRELL, NANCY K
STREET ADDRESS	80 E. OCEAN BLVD
CITY-ST-ZIP	STUART, FL 34994
TITLE	TD
NAME	ROEGIERS, STEPHEN
STREET ADDRESS	701 COLORADO AVE.
CITY-ST-ZIP	STUART, FL 34994
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/11/05-80029-007 61.25

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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 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: Nancy K Turrell 4/5/05 7722876674
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #