2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2006
Secretary of State

DOCUMENT# N97000007145

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

Current Principal Place of Business:

80 E OCEAN BLVD
STUART, FL 34994

New Principal Place of Business:

Current Mailing Address:

80 E OCEAN BLVD
STUART, FL 34994

New Mailing Address:

FEI Number: 65-0819846 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FOX, M. LANNING
1100 S FEDERAL HWY
STUART, FL 34997 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: O'CONNOR, MAUREEN
Address: 508 COLORADO AVE
City-St-Zip: STUART, FL 34996

Title: SD ( ) Delete
Name: NICHOLS-CHASON, VIANNE
Address: 233 SE WELLS DR.
City-St-Zip: STUART, FL 34996

Title: D ( ) Delete
Name: VALLE, ROBERT E
Address: 5010 BURNING TREE CIR
City-St-Zip: STUART, FL 34997

Title: ED ( ) Delete
Name: TURRELL, NANCY K
Address: 80 E. OCEAN BLVD
City-St-Zip: STUART, FL 34994

Title: TD ( ) Delete
Name: ROEGIERS, STEPHEN
Address: 701 COLORADO AVE.
City-St-Zip: STUART, FL 34994

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change ( ) Addition
Name: PRICE, CRAIG
Address: 712 SE OCEAN BLVD.
City-St-Zip: STUART, FL 34994

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
Name:
Address:
City-St-Zip:

Title: D ( ) Change (X) Addition
Name: O'CONNOR, MAUREEN
Address: 508 COLORADO AVE
City-St-Zip: STUART, FL 34996

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: NANCY TURRELL ED 01/05/2006

Electronic Signature of Signing Officer or Director — Date