

DOCUMENT # N98000002255

1. Entity Name

MARTIN COUNTY FOUNDATION FOR CITIZENS WITH DISAB

FILED
May 22, 2000 8:00 am
Secretary of State

04-26-2000 90179 045 ****61.25

Principal Place of Business

Mailing Address

819 S FEDERAL HWY. SUITE 102
STUART FL 34994819 S FEDERAL HWY. SUITE 102
STUART FL 34994-2852

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-2663427

Applied For

Not Applicable

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

DAHN, ROBERT L
 819 S FEDERAL HWY, SUITE 102
 STUART FL 34994

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.

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME D
 STREET ADDRESS DAHN, ROBERT L
 CITY-ST-ZIP 819 S FEDERAL HWY, SUITE 102
 STUART FL 34994

TITLE ☐ Change ☒ Addition
 NAME D White, Chuck
 STREET ADDRESS 4905 SW Lake Grove Circle
 CITY-ST-ZIP Palm City, FL 34990

TITLE ☒ Delete
 NAME WILLOUGHBY, KENNETH
 STREET ADDRESS 8499 SE SABAL ST
 CITY-ST-ZIP HOBE SOUND FL 33455

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

TITLE ☐ Delete
 NAME MELOSH, RICHARD
 STREET ADDRESS 132 S SEWALLS POINT RD
 CITY-ST-ZIP SEWALLS POINT FL 34996

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
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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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)