

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N98000002255

FILED
May 17, 2002 8:00 AM
Secretary of State

Entity Name: MARTIN COUNTY FOUNDATION FOR CITIZENS WITH DISABILITIES, INC.

Current Principal Place of Business:

819 S FEDERAL HWY, SUITE 102
STUART, FL 34994

New Principal Place of Business:

Current Mailing Address:

819 S FEDERAL HWY, SUITE 102
STUART, FL 34994

New Mailing Address:

FEI Number: 65-2663427

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

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: D () Delete
Name: DAHN, ROBERT L
Address: 819 S FEDERAL HWY, SUITE 102
City-St-Zip: STUART, FL 34994

Title: D () Delete
Name: WILLOUGHBY, KENNETH
Address: 8499 SE SABAL ST
City-St-Zip: HOBE SOUND, FL 33455

Title: D () Delete
Name: MELOSH, RICHARD
Address: 132 S SEWALLS POINT RD
City-St-Zip: SEWALLS POINT, FL 34996

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/T (X) Change () Addition
Name: DAHN, ROBERT L
Address: 819 S FEDERAL HWY, SUITE 102
City-St-Zip: STUART, FL 34994

Title: V (X) Change () Addition
Name: MELOSH, RICHARD
Address: 132 S SEWALLS POINT RD
City-St-Zip: SEWALLS POINT, FL 34996

Title: D (X) Change () Addition
Name: WHITE, CHUCK
Address: 4905 SW LAKE GROVE CIRCLE
City-St-Zip: PALM CITY, FL 34990

Title: D () Change (X) Addition
Name: COHEN, JERRY
Address: 6439 BRANDON
City-St-Zip: PALM BEACH GARDENS, FL 33418

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: ROBERT L. DAHN

P/T

05/17/2002

Electronic Signature of Signing Officer or Director

Date