

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 739315

**Entity Name:** THE ARC OF MARTIN COUNTY INC.**Current Principal Place of Business:**2001 SOUTH KANNER HWY  
STUART, FL 34994**Current Mailing Address:**2001 SOUTH KANNER HWY  
STUART, FL 34994 US**FEI Number:** 59-6153484**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MUNIZ, KEITH W  
2001 SOUTH KANNER HWY  
STUART, FL 34994 US*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

**Officer/Director Detail :**

Title CHAIRMAN  
Name KEMM, EDWARD  
Address 5002 T-REX AVENUE  
SUITE 225  
City-State-Zip: BOCA RATON FL 33431

Title DIRECTOR  
Name SULLIVAN, DENNY  
Address 2750 SW MARTIN DOWNS BLVD  
City-State-Zip: PALM CITY FL 34990

Title COO  
Name SEXTON-WILLS, DANIELLE  
Address 2001 S. KANNER HWY  
City-State-Zip: STUART FL 34994

Title DIRECTOR  
Name BOYDEN, MARK  
Address 4007 SE JACARANDA STREET  
City-State-Zip: STUART FL 34997

Title PAST CHAIR  
Name DAMON, CONRAD  
Address 4420 BEACON CIRCLE  
City-State-Zip: WEST PALM BEACH FL 33407

Title PRESIDENT & CEO  
Name MUNIZ, KEITH  
Address 2001 S KANNER HWY  
City-State-Zip: STUART FL 34994

Title SECRETARY  
Name QUINN-LUNNY, MARYELLEN  
Address FAU CENTER FOR AUTISM &  
RELATED DISABILITIES  
STUDENT RESOURCE BLDG., RM. 244  
5353 PARKSIDE DRIVE  
City-State-Zip: JUPITER FL 33458

Title DIRECTOR  
Name HAIGH, ALEXANDER  
Address 210 SW ATLANTA AVENUE  
City-State-Zip: STUART FL 34994

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*I hereby 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 all other like empowered.*

**SIGNATURE: DANIELLE SEXTON-WILLS****COO****01/10/2023**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title CFO  
Name STREET, LYND  
Address 2001 S. KANNER HIGHWAY  
City-State-Zip: STUART FL 34994

Title DIRECTOR  
Name FRANK, MICHAEL MR.  
Address 1752 SW CRANE CREEK CIRCLE  
City-State-Zip: PALM CITY FL 34990

Title DIRECTOR  
Name FLORA, FRANK  
Address 3662 SW 30TH AVENUE  
1  
City-State-Zip: PALM CITY FL 34990

Title TREASURER  
Name EVE, TERRY  
Address 18380 SE WOOD HAVEN LANE C  
City-State-Zip: TEQUESTA FL 33469

Title DIRECTOR  
Name GABRIEL, RANDEE  
Address 16609 78TH ROAD NORTH  
City-State-Zip: LOXAHATCHEE FL 33470