

2019 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:** No**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 DIRECTOR
Name FLOWERS, BARBARA
Address 4521 SW PARKGATE BLVD.
City-State-Zip: PALM CITY FL 34990

Title DIRECTOR
Name BERGEMAN, CHRISTOPHER
Address 3662 SW 30TH STREET
City-State-Zip: PALM CITY FL 34990

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

Title DIRECTOR
Name REICH, MARIA
Address 2060 SW PANTHER TRACE
City-State-Zip: STUART FL 34997

Continues on page 2

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: KEITH W. MUNIZ**PRESIDENT & CEO****01/17/2019**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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 COTY, MIGUEL
Address 800 SE MONTEREY COMMONS BLVD.
SUITE 102
City-State-Zip: STUART FL 34996

Title TREASURER
Name EVE, TERRY J
Address 2124 SW PANTHER TRACE
City-State-Zip: STUART FL 34997

Title CFO
Name BUTTERFIELD, ROGER
Address 2001 S. KANNER HWY.
City-State-Zip: STUART FL 34994