

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 19, 2004
Secretary of State**

DOCUMENT# 717827

Entity Name: MARTIN COUNTY ANGLERS CLUB, INC.

Current Principal Place of Business:

FLAGLER REC CENTER
201 SW FLAGLEE AVE
STUART, FL 34994

New Principal Place of Business:

Current Mailing Address:

PO BOX 2968
STUART, FL 34995

New Mailing Address:

FEI Number: 59-2354203 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOLDEN, ROSLYN
3923 SE JEFFERSON ST
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: D () Delete
Name: SIGLER, RICH
Address: 1309 DYER PT ROAD
City-St-Zip: PALM CITY, FL 34990

Title: D () Delete
Name: WERNER, SY
Address: 2949 SANTA ANITA
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: D () Delete
Name: VINCE, MCMANUS
Address: 128 EVERGLADES
City-St-Zip: STUART, FL 34994

Title: D () Delete
Name: TAFOYA, PHIL & GERRY
Address: 200 OLIVE AVENUE
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: P () Delete
Name: BURKE, JOHN J
Address: 4174 SE OAKLAND STREET
City-St-Zip: STUART, FL 34997

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ROSLYN GOOLDEN

TREA

04/19/2004

Electronic Signature of Signing Officer or Director

_____ Date