

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 717827

FILED
Jan 07, 2008
Secretary of State

Entity Name: MARTIN COUNTY ANGLERS CLUB, INC.

Current Principal Place of Business:

1528 SW MAPP RD.
PALM CITY, FL 34990

New Principal Place of Business:

Current Mailing Address:

1528 SW MAPP RD.
PALM CITY, FL 34990

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:

WEIX, JAMES L
1528 SW MAPP RD.
PALM CITY, FL 34990 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: P () Delete
Name: WEIX, JAMES L
Address: 1528 SW MAPP RD.
City-St-Zip: PALM CITY, FL 34990

Title: VP () Delete
Name: MCMANUS, VINCE
Address: 128 EVERGLADES BLVD.
City-St-Zip: STUART, FL 34996

Title: S (X) Delete
Name: STROGER, HOWARD
Address: 291 SE EDGEWOOD DR.
City-St-Zip: STUART, FL 34996

Title: T (X) Delete
Name: STROGER, HOWARD
Address: 291 SE EDGEWOOD DR.
City-St-Zip: STUART, FL 34996

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: CROTEAU, CURT
Address: 2337 SE GRAND
City-St-Zip: PORT ST. LUCIE, FL 34952

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 exemption stated in Chapter 119, 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: JAMES L. WEIX

PRES

01/07/2008

Electronic Signature of Signing Officer or Director

_____ Date