


FILE NOW: FILING FEE IS \$61.25

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Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra S. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 743767 (6)
1. Corporation Name
MARTIN COUNTY SPORTSMEN'S ASSOCIATION, INC.



Principal Place of Business P.O. BOX 1306 STUART FL 34995-1306	Mailing Address P.O. BOX 1306 STUART FL 34995-1306
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3. Date Incorporated or Qualified 08/01/1978	
4. FEI Number 59-1896462	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
23. City & State	27. City & State
24. Zip	28. Zip
25. Country	29. Country
30. Country	

9. Name and Address of Current Registered Agent

**SHEPARD, ALAN
5823 S.E. ORANGE BLOSSOM TRAIL
HOBE SOUND FL 33455**

10. Name and Address of New Registered Agent

81 Name MIKE TONNA CLIFF	
82 Street Address (P.O. Box Number is Not Acceptable) 4987 SW HAMMOCK CR DR	
83	
84 City PALM CITY	85 Zip Code FL 34990

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *[Signature]* **MIKE TONNA CLIFF** DATE **1-18-98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNARD, RONALD	1.2 NAME	
STREET ADDRESS	3289 NE HOLLYCREEK DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	JENSEN BEACH FL 34957	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANTELME, JAMES H	2.2 NAME	
STREET ADDRESS	2141 SW PERRY TERRACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	STURAT FL 34997	2.4 CITY-ST-ZIP	
TITLE	ED <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARPER, DAVID HON	3.2 NAME	
STREET ADDRESS	100 E OCEAN BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL 34995	3.4 CITY-ST-ZIP	
TITLE	STD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEPPARD, ALAN	4.2 NAME	STD TONNA CLIFF, MIKE
STREET ADDRESS	5823 SE ORANGE BLOSSOM TRAIL	4.3 STREET ADDRESS	4987 SW HAMMOCK CR DR
CITY-ST-ZIP	HOBE SOUND FL 33455	4.4 CITY-ST-ZIP	PALM CITY, FL. 34990
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOOSEY, DAVID	5.2 NAME	D SEBASTIAN, JAMES
STREET ADDRESS	7592 SE DOVE STREET	5.3 STREET ADDRESS	3499 NE LINDA DR
CITY-ST-ZIP	HOBE SOUND FL 33455	5.4 CITY-ST-ZIP	JENSEN BEACH, FL. 34957
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation; that the receiver or trustee appointed to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report at the address shown.

SIGNATURE: *[Signature]* DATE: **1/18/98** **561 270 8296**

CR2E037 (10/97)