

FILE NOW: FILING FEE IS \$61.25

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Feb 27, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 743767

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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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 08/01/1978	4. FEI Number 59-1896462	Applied For 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		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MIKE TONNAKLIFF 4987 SW HAMMOCK CR DR PALM CITY FL 34990				81 Name	Glen G. Rubin		
				82 Street Address (P.O. Box Number is Not Acceptable)	11725 SW Meadowlark Cr.		
				83			
				84 City	Stuart	85 Zip Code	FL 34997

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: *Glen G. Rubin* **Glen G. Rubin** 1/14/99 DATE

(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	Treasurer (TD) <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TONNAKLIFF, MIKE	4.2 NAME	Helen Sebastian
STREET ADDRESS	4987 SW HAMMOCK CR DR	4.3 STREET ADDRESS	3499 NE Linda Dr.
CITY-ST-ZIP	PALM CITY FL 34990	4.4 CITY-ST-ZIP	Jensen Beach FL 34957 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	SEBASTIAN, JAMES	5.2 NAME	
STREET ADDRESS	3499 NE LINDA DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	JENSEN BCH. 34957	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	Secretary (SD) <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Glen G. Rubin
STREET ADDRESS		6.3 STREET ADDRESS	11725 SW Meadowlark Cr.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Stuart FL 34997

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 or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address with all other like empowered.

SIGNATURE: *Glen G. Rubin* **Glen G. Rubin, Secretary** 01/14/99 561.697.7200 DATE Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRZE037 (11/98)