


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2006 08:00 AM
Secretary of State

DOCUMENT # 743767
 1. Entity Name
MARTIN COUNTY SPORTSMEN'S ASSOCIATION, INC.



Principal Place of Business Mailing Address
 8415 SW BUSCH ST P.O. BOX 1306
 PALM CITY, FL 34990 STUART, FL 34995-1306

DO NOT WRITE IN THIS SPACE



01112006 No Chg-NP CR2E037 (11/05)

| | |
|---|---------------------------------------|
| 4. FEI Number 59-1896462 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent
 GRAUSO, LENNY
 10880 SE SEA PINES CIRCLE
 HOBE SOUND, FL 33455

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

Filing Fee is \$81.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD BERNARD, RONALD 3289 NE HOLLYCREEK DR. JENSEN BEACH, FL 34957 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD MCGLYNN, CHUCK 626 SE SOUTHWOOD TRL STURAT, FL 34997 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ED HARPER, DAVID HON 100 E OCEAN BLVD STUART, FL 34995 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD GRAUSO, LENNY 10880 SE SEA PINES CIRCLE HOBE SOUND, FL 33455 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | RD DUNN, JAMES 2932 SE BIRTEL COURT PORT SAINT LUCIE, FL 34953 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD GENT, SUE 11625 MEADOWLARK CIRCLE STUART, FL 34997 |

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 01/23/06-80010-008 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: LEONARD GRAUSO 1-18-06 772-263-20
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #