

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743767

FILED  
Mar 08, 2010  
Secretary of State

**Entity Name:** MARTIN COUNTY SPORTSMEN'S ASSOCIATION, INC.

**Current Principal Place of Business:**

8415 SW BUSCH ST  
PALM CITY, FL 34990

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1306  
STUART, FL 349951306

**New Mailing Address:**

FEI Number: 59-1896620

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

STEWARD, DAVID  
1680 SE SANDIA DRIVE  
PORT ST LUCIE, FL 34983 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: PD  
Name: VASSALLO, ROBERT  
Address: 586 NW WAVERLY CIRCLE  
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: VD  
Name: MCKENNA, PETER  
Address: 359 NW STRATFORD LANE  
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: TD  
Name: COLE, BILL  
Address: 3356 SE GLACIER TERRACE  
City-St-Zip: HOBE SOUND, FL 33455

Title: RD  
Name: DUNN, JAMES  
Address: 2932 SE BIRTEL COURT  
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: SD  
Name: STEWARD, DAVID  
Address: 1680 SE SANDIA DRIVE  
City-St-Zip: PORT ST LUCIE, FL 34983

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM G. COLE

TD

03/08/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date