2001 UNIFORM BUSINESS REPORT (UBR)

May 18, 2001 8:00 am Secretary of State DOCUMENT # N42576 04-23-2001 90007 017 ****70.00 BOYS AND GIRLS CLUB OF MARTIN COUNTY, INC. Principal Place of Business Mailing Address 11500 SE LARES AVE P.O. BOX 910 HOBE SOUND FL 33455 HOBE SOUND FL 33475 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Sulte, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0253002 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) LYONS, DANIEL 11500 SE LARES AVE HOBE SOUND FL 33455 Zip Code 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. FEE 'S \$61.25 Added to Fees **Department of State** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Chance ☐ Addition TITLE Delete COLE, MARGARET MAME NAME 208 \$OUTH BEACH RD STREET ADDRESS STREET ADDRESS CHY-ST-ZEP CITY-ST-ZIF HOBE SOUND FL ☐ Delete Change Addition TITLE MASSING, LISA NAME NAME STREET ADDRESS STREET ADDRESS 7000 SE FEDERAL HWY CITY ST ZIF STUART-FL-34997-CITY-ST-ZIP TITLE ☐ Deteta TITLE ☐ Addition CLARK, HAYS NAME NAME STREET ADDRESS 150 GOMEZ RD STREET ADDRESS CITY-ST-ZIP HOBE SOUND FL CITY-ST-ZIP TIME ☐ Delate TITLE Addition NAME WITSELL, FREDERICK JR. NAME STREET ADDRESS 7029 SE GULFHOUSE DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOBE SOUND FL 33455 TILE Delete M Addition PLATT, LEONARD NAMÉ WAGNER, JOANNE NAME 7/33 SE GOLFHOUSE DRIVE 7030 SE GOLFHOUSE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-71E HOBE SOUND FL CTTY-ST-ZIP HOBE SOUND FL 33455 TITLE ☐ Change ☐ Delete Addition NAME FILLHABER, ROBERT NAME STREET ADDRESS 1100 SE ST. LUCIE BLVD W. #103 STREET ADDRESS CITY-ST-ZIP PT. ST. LUCIE FL 34986 CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 emparagraph 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.

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SIGNATURE: _ Turing Control Co