FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 9:54

DOCUMENT # N42576 (1)

1. Corporation Name
BOYS AND GIRLS CLUB OF MARTIN COUNTY, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
11500 SE LARES AVE HOBE SOUND FL 33455 US	P.O. BOX 910 HOBE SOUND FL 33475

3. Date Incorporated or Qualified: 03/15/1991
3a. Date of Last Report: 02/21/1994
4. FEI Number: 65-0253002 ☐ Applied For ☐ Not Applicable

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

5. Certificate of Status Desired ☒ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SIMMONS, CHARLES T. 2149 SE OCEAN BLVD STUART FL 34997	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Charles T. Simmons CHARLES T. SIMMONS 4/4/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	D/C	☒ Change ☐ Addition
NAME	COLE, MARGARET	1.2 NAME		
STREET ADDRESS	208 SOUTH BEACH RD	1.3 STREET ADDRESS		
CITY-ST-ZIP	HOBE SOUND FL	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE	D/P	☒ Change ☐ Addition
NAME	WILKINSON, TOM A	2.2 NAME		
STREET ADDRESS	PO BOX 9047 NA	2.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE	D/C	☒ Change ☐ Addition
NAME	CLARK, HAYS	3.2 NAME		
STREET ADDRESS	150 GOMEZ RD	3.3 STREET ADDRESS		
CITY-ST-ZIP	HOBE SOUND FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE	D/S	☒ Change ☐ Addition
NAME	~~SANDS, RICK~~	4.2 NAME	Mr. Leo Galanti	
STREET ADDRESS	~~PO BOX 05 NA~~	4.3 STREET ADDRESS	1980 E.Ocean Blvd.	
CITY-ST-ZIP	~~HOBE SOUND FL~~	4.4 CITY-ST-ZIP	Stuart, FL 34996	
TITLE	D	5.1 TITLE	D/VP	☒ Change ☐ Addition
NAME	ROLLINS, CLIFF	5.2 NAME		
STREET ADDRESS	1713 SW 32ND TERR	5.3 STREET ADDRESS		
CITY-ST-ZIP	PALM CITY FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE	D/T	☒ Change ☐ Addition
NAME	~~FIELD, ROGER~~	6.2 NAME	Mr. David Fentress	
STREET ADDRESS	~~4343 SE ST LUCIE BLVD~~	6.3 STREET ADDRESS	9955 SE Federal Highway	
CITY-ST-ZIP	~~STUART FL~~	6.4 CITY-ST-ZIP	Hobe Sound, FL 33455	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: David T. Fentress 3/16/95 407-545-1255
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
DAVID T. FENTRESS

0061160