## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N42576

FILED Jan 09, 2009 Secretary of State

Entity Name: BOYS AND GIRLS CLUB OF MARTIN COUNTY, INC.

Current Principal Place of Business:

11500 SE LARES AVE

HOBE SOUND, FL 33455 US

Current Mailing Address: New Mailing Address:

P.O. BOX 910

HOBE SOUND, FL 33475 US

FEI Number: 65-0253002 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

MCCORMICK, ANNE 11500 SE LARES AVE HOBE SOUND, FL 33455 US

**OFFICERS AND DIRECTORS:** 

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

## Electronic eignature of registers

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DC ( ) Delete Title: DC (X) Change ( ) Addition

Name:COLE, MARGARET,Name:COLE, MARGARETAddress:143 GOMEZ RDAddress:143 GOMEZ RD

City-St-Zip: HOBE SOUND, FL 33455 US City-St-Zip: HOBE SOUND, FL 33455 US

Title: DT ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 MOORE, CHARLES
 Name:

 Address:
 122 GOMEZ ROAD
 Address:

 City-St-Zip:
 HOBE SOUND, FL 33455 US
 City-St-Zip:

Title: DVP ( ) Delete Title: DVP (X) Change ( ) Addition

Name: RANIERI, ROB Name: RANIERI, ROB

 Address:
 3461 SW MARTIN DOWNS BLVD.
 Address:
 2062 SW RACQUET CLUB DRIVE

 City-St-Zip:
 PALM CITY, FL 33490 US
 City-St-Zip:
 PALM CITY, FL 33490 US

Title: DVP ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 MARSH, ELIZABETH
 Name:

 Address:
 6374 MOURNING DOVE WAY
 Address:

 City-St-Zip:
 HOBE SOUND, FL 33455 US
 City-St-Zip:

Title: DP ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 PAULEY, PETER S
 Name:

 Address:
 103 PALMETTO TRAIL
 Address:

 City-St-Zip:
 HOBE SOUND, FL 33455 US
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: PETER S. PAULEY DP 01/09/2009