2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743767

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

FILED Feb 07, 2022 Secretary of State 0072410394CC

Date

Current Principal Place of Business:

8415 SW BUSCH ST PALM CITY, FL 34990

Current Mailing Address:

P.O. BOX 1306

STUART, FL 34995-1306

FEI Number: 59-1896620 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MORRIS, ROBERT 1782 SW EFFLAND AVE. PORT ST. LUCIE, FL 33953 US

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: ROBERT MORRIS 02/07/2022

Electronic Signature of Registered Agent

Officer/Director Detail:

Title DIRECTOR Title DIRECTOR

Name MORRIS, ROBERT Name GLASS, WILBUR

Address 1782 SW EFFLAND AVE. Address 1531 SE BERKSHIRE BLVD.

City-State-Zip: PORT ST. LUCIE FL 34953 City-State-Zip: PORT ST LUCIE FL 34952

Title TREASURER Title VP

Name SOREL, JOHN D Name FISCHER, DAVID

Address 1680 SE LAKE LEGACY WAY Address 2073 SE WASHINGTON ST.

City-State-Zip: STUART FL 34997 City-State-Zip: STUART FL 34997

Title DIRECTOR Title DIRECTOR

Name YELLAND, JAMES Name AGUILAR, DAN

Address 4747 NW WINTER OAK COURT Address 3680 SW RIVERS WAY

City-State-Zip: JENSEN BEACH FL 34957 City-State-Zip: PALM CITY FL 34990

Title PRESIDENT Title DIRECTOR

NameCHIANESE, NEALNameBENSON, GARRETAddress9639 LANDINGS DRAddress2491 SE SIDONIA ST

City-State-Zip: PORT ST LUCIE FL 34986 City-State-Zip: PORT ST LUCIE FL 34952

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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: JOHN D. SOREL TREASURER 02/07/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title SECRETARY

Name LAWSON, JAMES

Address 2047 SW BAMBI TERRACE

City-State-Zip: STUART FL 34997