

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743767

FILED
Feb 12, 2020
Secretary of State
6397410532CC

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

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

02/12/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name MORRIS, ROBERT
Address 1782 SW EFFLAND AVE.
City-State-Zip: PORT ST. LUCIE FL 34953

Title DIRECTOR
Name GLASS, WILBUR
Address 1531 SE BERKSHIRE BLVD.
City-State-Zip: PORT ST LUCIE FL 34952

Title TREASURER
Name SOREL, JOHN D
Address 1680 SE LAKE LEGACY WAY
City-State-Zip: STUART FL 34997

Title VP
Name FISCHER, DAVID
Address 2073 SE WASHINGTON ST.
City-State-Zip: STUART FL 34997

Title DIRECTOR
Name YELLAND, JAMES
Address 4747 NW WINTER OAK COURT
City-State-Zip: JENSEN BEACH FL 34957

Title DIRECTOR
Name AGUILAR, DAN
Address 3680 SW RIVERS WAY
City-State-Zip: PALM CITY FL 34990

Title SECRETARY
Name CHIANESE, NEAL
Address 9639 LANDINGS DR
City-State-Zip: PORT ST LUCIE FL 34986

Title DIRECTOR
Name CORRENTI, CATHERINE
Address 5403 SE MILES GRANT RD, H208
City-State-Zip: STUART FL 34997

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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

02/12/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name BENSON, GARRET
Address 2491 SE SIDONIA ST
City-State-Zip: PORT ST LUCIE FL 34952