

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 743767

**FILED**  
**Jan 10, 2021**  
**Secretary of State**  
**3258469946CC**

**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

01/10/2021

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

**Continues on page 2**

*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**

01/10/2021

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