

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 743767

**FILED**  
**Jan 31, 2024**  
**Secretary of State**  
**1750331491CC**

**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

01/31/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
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 ARLOTTA, CHRISTOPHER  
Address 600 S DIXIE HWY  
City-State-Zip: WEST PALM BEACH FL 33401

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

Title DIRECTOR  
Name HANSON, CHASE  
Address 1243 TANGELO AVE  
City-State-Zip: WEST PALM BEACH FL 33406

**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 SOREL

**TREASURER**

01/31/2024

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