

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007846

Entity Name: MARTIN COUNTY SPECIAL NEEDS TRAINING, INC.**Current Principal Place of Business:**3605 SE SALERNO ROAD
STUART, FL 34997**Current Mailing Address:**3605 SE SALERNO ROAD
STUART, FL 34997**FEI Number: 80-0024642****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COHEN, JERRY
6439 BRANDON STREET
PALM BEACH GARDENS, FL 33418 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRES
Name	COHEN, JERRY
Address	6439 BRANDON STREET
City-State-Zip:	PALM BEACH GARDENS FL 33418

Title	VP
Name	ROBINSON, ALLEN
Address	6624 S PINE CT.
City-State-Zip:	PALM BEACH GADENS FL 33418

Title	TREA
Name	ABRAMOWITZ, MURRY
Address	13502 TOUCHSTONE PL
City-State-Zip:	PALM BEACH GARDENS FL 33418

Title	VP
Name	BERNSTEIN, JORDAN
Address	12794 TOUCHSTONE PLACE
City-State-Zip:	PALM BEACH GARDENS FL 33418

Title	SEC
Name	BERNSTEIN, SANDRA
Address	12794 TOUCHSTONE PLACE
City-State-Zip:	PALM BEACH GARDENS FL 33418

Title	D
Name	KIST, WILLIAM
Address	13265 TOUCHSTONE CT.
City-State-Zip:	PALM BEACH GARDENS FL 33418

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: MURRY ABRAMOWITZ**TREASURER****01/22/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date