2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 16, 2008 8:00 am Secretary of State **DOCUMENT #765702** 04-16-2008 90025 049 ****61.25 MARTIN COUNTY TAXPAYER'S ASSOCIATION, INC. Principal Place of Business Mailing Address 853 MONTEREY COMMONS BLVD P.O. BOX 741 P.O. BOX 741 STUART, FL 34995-7741 STUART, FL 34995-7741 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04092008 Chg-NP CR2E037 (12/06) City & State City & State 4. FEI Number Applied For 59-0652292 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SOPKO, JAMES 853 SE. MONTEREY COMMONS BLVD. Street Address (P.O. Box Number is Not Acceptable) STUART, FL 34996 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE . Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to Trust Fund Contribution. Due by May 1, 2008 Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TΠŁF חד D Delete TITLE ☐ Addition WILLIAMS, JR., ROBERT L NAME 6900 SE LILLIAN COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STUART, FL 34997 CITY-ST-7IP PD TITLE Delete TITLE ☐ Change ☐ Addition PICKARD, DON NAME NAME 7781 SE LUCINDA LN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOBE SOUND, FL 33455 CTTY-ST-ZIP SD TITLE ☐ Delete nne ☐ Change ☐ Addition GEISINGER, RICHARD C NAME 1648 SE SAILFISH BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STUART, FL 34996 CITY-ST-7IP Delete TITLE ☐ Change ☐ Addition COLE, WILLIAM NAME NAME 9021 SE. LACREEK COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOBE SOUND, FL 33455 CITY-ST-ZIP VD ΠΠF Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7tP Delete Addition TITLE Change -NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.