2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2009
Secretary of State

DOCUMENT# 765702

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

Current Principal Place of Business:

853 MONTEREY COMMONS BLVD
P.O. BOX 741
STUART, FL 349957741

New Principal Place of Business:

853 MONTEREY COMMONS BLVD
STUART, FL 349957741

Current Mailing Address:

P.O. BOX 741
STUART, FL 349957741

New Mailing Address:

FEI Number: 59-0652292 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SOPKO, JAMES
853 SE. MONTEREY COMMONS BLVD.
STUART, FL 34996 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	PICKARD, DON	
Address:	7781 SE LUCINDA LN	
City-St-Zip:	HOBE SOUND, FL 33455	
Title:	SD	( ) Delete
Name:	GEISINGER, RICHARD C	
Address:	1648 SE SAILFISH BLVD	
City-St-Zip:	STUART, FL 34996	
Title:	VD	( ) Delete
Name:	POWERS, KEVIN	
Address:	15328 SW WARFIELD BLVD	
City-St-Zip:	INDIANTOWN, FL 34956	
Title:	TD	( ) Delete
Name:	SCHMITT, WILLIAM	
Address:	7741 SE DOUBLETREE DRIVE	
City-St-Zip:	HOBE SOUND, FL 33445	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	TD	(X) Change ( ) Addition
Name:	SCHMIDT, WILLIAM	
Address:	7741 SE DOUBLETREE DRIVE	
City-St-Zip:	HOBE SOUND, FL 33445	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DONALD S. PICKARD PD 04/08/2009

Electronic Signature of Signing Officer or Director — Date