


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # N01000006177	
1. Entity Name SOUTH MARTIN CONSERVATION ALLIANCE, INC.	

Principal Place of Business PO BOX 1462 JUPITER, FL 33468	Mailing Address PO BOX 1462 JUPITER, FL 33468
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DO NOT WRITE IN THIS SPACE



03252005 No Chg-NP CR2E037 (10/03)

4. FEI Number 01-0583485	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
<del>INTRASTATE R</del> <del>701 BRICKELL</del> <del>MIAMI, FL 33141</del>	John Strawbridge PO Box 2223 Hobe Sound, FL 33475

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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 <i>John Strawbridge III</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	<i>JOHN STRAWBRIDGE III DIRECTOR</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>
	<i>4/25/05</i> <small>DATE</small>

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FIELD, MARSHALL 342 S BEACH RD HOBE SOUND, FL 33455
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRAWBRIDGE, JOHN 122 S BEACH RD HOBE SOUND, FL 33455
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WYER, JAMES I 911 NAVESINK RIVER ROAD LOCUST, NJ 07760
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000350509  
05/02/05-80107-020 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE: <i>John Strawbridge III</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<i>4/25/05</i> <small>Date</small>	<i>772 546-0131</i> <small>Daytime Phone #</small>
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JOHN STRAWBRIDGE III