

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007664

FILED
Apr 25, 2008
Secretary of State

Entity Name: MARTIN COUNTY BUSINESS EXCHANGE, INC.

Current Principal Place of Business:

215 SOUTH FEDERAL HWY.
SUITE 100
STUART, FL 34994

New Principal Place of Business:

Current Mailing Address:

215 SOUTH FEDERAL HWY.
SUITE 100
STUART, FL 34994

New Mailing Address:

FEI Number: 65-0142263

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRECHBILL, MARK CPA
215 SOUTH FEDERAL HWY.
SUITE 100
STUART, FL 34994 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: DELGADO, ROBIN
Address: 215 SOUTH FEDERAL HWY., SUITE 300
City-St-Zip: STUART, FL 34994

Title: TD () Delete
Name: NAVARETTA, PETE
Address: 2100 SE OCEAN BLVD. - SUITE 300
City-St-Zip: STUART, FL 34996

Title: SD () Delete
Name: OCONNOR, MAUREEN
Address: 508 COLORADO AVENUE
City-St-Zip: STUART, FL 34994

Title: VD () Delete
Name: ISADORE, MARGE
Address: 589 SE CENTRAL PKWY.
City-St-Zip: STUART, FL 34994

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ISADORE, MARGE
Address: 589 SE CENTRAL PKWY.
City-St-Zip: STUART, FL 34994

Title: TD (X) Change () Addition
Name: PASHKE, GREG
Address: 1547 SW MOCKINGBIRD CIRCLE
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: SD (X) Change () Addition
Name: BRAIN, BETTY
Address: 2082 RACQUET CLUB DRIVE
City-St-Zip: PALM CITY, FL 34990

Title: VD (X) Change () Addition
Name: NAVARETTA, PETE
Address: 2100 SE OCEAN BLVD. - SUITE 300
City-St-Zip: STUART, FL 34996

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: MARGE ISADORE

PD

04/25/2008

Electronic Signature of Signing Officer or Director

Date