

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007664

FILED
Apr 24, 2010
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
Name: BOWERS, JEFF
Address: 408 COLORADO AVE.
City-St-Zip: STUART, FL 34994

Title: VD
Name: SHARKEY, KEVIN
Address: 7862 SW ELLIPSE WAY
City-St-Zip: STUART, FL 34994

Title: VD
Name: GOLDY, GAIL
Address: 7887 SE SPICEWOOD CIR.
City-St-Zip: HOBE SOUND, FL 33455

Title: TD
Name: BURNS, RON
Address: 290 FLORIDA STREET
City-St-Zip: STUART, FL 34994

Title: SD
Name: LOOMIS, MARY ANN
Address: 7897 SW JACK JAMES DR. - UNIT 10
City-St-Zip: STUART, FL 34997

Title: D
Name: ENDRISS, JEFF
Address: 920 SE CENTRAL PKWY.
City-St-Zip: STUART, FL 34994

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: JEFF BOWERS

P

04/24/2010

Electronic Signature of Signing Officer or Director

Date