

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007664

FILED
Apr 14, 2012
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: TD
Name: SAYKAY, ROY
Address: 2420 SE FEDERAL HWY.
City-St-Zip: STUART, FL 34994

Title: D
Name: KIEHN, ERIC
Address: 2522 SE FEDERAL HWY.
City-St-Zip: STUART, FL 34994

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

Title: D
Name: DONLEY, KAREN
Address: 3209 SW 42ND AVE.
City-St-Zip: PALM CITY, FL 34990

Title: SD
Name: SAUNDERS, MICHAEL
Address: 1980 SW BAYSHORE BLVD.
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: VD
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: GAIL GOLDY

P

04/14/2012

Electronic Signature of Signing Officer or Director

Date