

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90086 027 ****61.25

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01252007 Chg-NP CR2E037 (12/06)

4. FEI Number 03-0555481 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DOCUMENT # N05000001753

1. Entity Name
MARTIN INTERAGENCY NETWORK FOR DISASTERS, INC.



Principal Place of Business
8764 SE RETREAT DR
HOBE SOUND, FL 33455

Mailing Address
8764 SE RETREAT DR
HOBE SOUND, FL 33455

2. Principal Place of Business - No P.O. Box #
1000 SE MONTEREY CMNS BLVD
Suite, Apt. #, etc. Suite 101

3. Mailing Address
PO BOX 2156
Suite, Apt. #, etc.

City & State STUART, FL
Zip 349946 Country US

City & State STUART, FL
Zip 34995 Country US

6. Name and Address of Current Registered Agent
COCOVES, ANITA
416 BALBOA STREET
STUART, FL 34994

7. Name and Address of New Registered Agent
Name STEVE SWINDLER
Street Address (P.O. Box Number is Not Acceptable)
1000 SE MONTEREY CMNS BLVD # 101
City STUART FL Zip Code 34996

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 TREASURER 1/25/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete
NAME	DUDZIAK, JAMES M
STREET ADDRESS	8764 SE RETREAT DR
CITY-ST-ZIP	HOBE SOUND, FL 33455
TITLE	D <input type="checkbox"/> Delete
NAME	SCHMIDT, SUSAN
STREET ADDRESS	1500 KANNER HIGHWAY
CITY-ST-ZIP	STUART, FL 34994
TITLE	D <input type="checkbox"/> Delete
NAME	COCOVES, ANITA
STREET ADDRESS	416 BALBOA STREET
CITY-ST-ZIP	STUART, FL 34994
TITLE	D <input type="checkbox"/> Delete
NAME	SWINDLER, STEVE
STREET ADDRESS	2482 SW RIVIERA RD
CITY-ST-ZIP	STUART, FL 34997
TITLE	D <input type="checkbox"/> Delete
NAME	SHELT, ROB
STREET ADDRESS	2441 REGENCY ROAD
CITY-ST-ZIP	STUART, FL 34997
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIRECTOR
STREET ADDRESS	DONNA CARMAN
CITY-ST-ZIP	PO BOX 2156 STUART, FL 34995

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 persons empowered.

SIGNATURE: TREASURER 1/25/07 287-4110
Signature and typed or printed name of signing officer or director Date Daytime Phone #