2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2009
Secretary of State

DOCUMENT# N05000001753

Entity Name: MARTIN INTERAGENCY NETWORK FOR DISASTERS, INC.

Current Principal Place of Business:

1000 SE MONTEREY CMNS BLVD
SUITE 101
STUART, FL 34996

New Principal Place of Business:

Current Mailing Address:

1000 SE MONTEREY CMNS BLVD
SUITE 101
STUART, FL 34997

New Mailing Address:

FEI Number: 03-0555481 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SWINDLER, STEVE
1000 SE MONTEREY CMNS BLVD #101
STUART, FL 34996 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: D ( ) Delete
Name: COCOVES, ANITA
Address: 416 BALBOA STREET
City-St-Zip: STUART, FL 34994

Title: D ( ) Delete
Name: SWINDLER, STEVE
Address: 1123 SE CONFERENCE CIR
City-St-Zip: STUART, FL 34997

Title: D ( ) Delete
Name: SHELT, ROB
Address: 2441 REGENCY ROAD
City-St-Zip: STUART, FL 34997

Title: D ( ) Delete
Name: CARMAN, DONNA
Address: PO BOX 2156
City-St-Zip: STUART, FL 34995

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: STEVE SWINDLER D 01/06/2009

Electronic Signature of Signing Officer or Director — Date