## 2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N07000002241

FILED Feb 12, 2008 Secretary of State

Entity Name: THE MARTIN COUNTY CONSENSUS, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

618 EAST OCEAN BLVD STE 5 STUART, FL 34994

**Current Mailing Address: New Mailing Address:** 

618 EAST OCEAN BLVD STE 5 2336 SE OCEAN BOULEVARD STUART, FL 34994 SUITE 233 STUART, FL 34996 US

FEI Number: 20-8685700 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LITTMAN, SHERLOCK & HEIMS, P.A. 618 EAST OCEAN BLVD STE 5 STUART, FL 34994

**OFFICERS AND DIRECTORS:** 

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete SUMMERS, WILLIAM C SUMMERS, BILL PRES Name: Name: 3748 WOODBRAIR LANE Address: 3748 WOODBRAIR LANE Address: City-St-Zip: PALM CITY, FL 34990 City-St-Zip: PALM CITY, FL 34990 US Title: ( ) Delete Title: (X) Change ( ) Addition PINE, LYNNE G Name: GRAND, LINDA SECY Name: Address: 1026 SW 18TH STREET Address: 3084 SW WIMPLEDON TERRACE City-St-Zip: STUART, FL 34996 City-St-Zip: PALM CITY, FL 34990 US Title: () Delete Title: D/T (X) Change ( ) Addition GALOCI, MYRA TREAS FORMAN, ALBERT J Name: Name: 9743 SW SANTA MONICA DRIVE 745 SPENCER STREET Address: Address: City-St-Zip: PALM CITY, FL 34990 City-St-Zip: JENSEN BEACH, FL 34957 US Title: () Delete Title: ( ) Change (X) Addition Name: Name: FULLMAN, TOM CHAIR 3929 NE SKYLINE DRIVE Address: Address: City-St-Zip: City-St-Zip: JENSEN BEACH, FL 34957 US Title: () Delete Title: ( ) Change (X) Addition FLORIO, JOE DIR Name: Name:

433 NE ACACIA PLACE Address: Address: City-St-Zip: City-St-Zip: JENSEN BEACH, FL 34957 US

Title: () Delete Title: ( ) Change (X) Addition

HONAN, JAY DIR Name: Name: Address: Address: 4349 ROBERSON ROAD STUART, FL 34997 US City-St-Zip: 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: BILL SUMMERS **PRES** 02/12/2008