2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000002241

Apr 24, 2009 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:** PO BOX 2351 2336 SE OCEAN BOULEVARD JENSEN BEACH, FL 34957 SUITE 233 US 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 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: D/P () Change () Addition () Delete SUMMERS, BILL PRES Name: Name: 3748 WOODBRAIR LANE Address: Address: City-St-Zip: PALM CITY, FL 34990 US City-St-Zip: Title: D/S () Delete Title: () Change () Addition GRAND, LINDA SECY Name: Name: Address: 3084 SW WIMPLEDON TERRACE Address: City-St-Zip: PALM CITY, FL 34990 US City-St-Zip: Title: D/T () Delete Title: () Change () Addition GALOCI, MYRA TREAS Name: Name: 745 SPENCER STREET Address: Address: City-St-Zip: JENSEN BEACH, FL 34957 US City-St-Zip: Title: () Delete Title: () Change () Addition Name: FULLMAN, TOM CHAIR Name: Address: 3929 NE SKYLINE DRIVE Address: City-St-Zip: JENSEN BEACH, FL 34957 US City-St-Zip: Title: () Delete Title: () Change () Addition FLORIO, JOE DIR Name: Name: 433 NE ACACIA PLACE Address: Address: City-St-Zip: JENSEN BEACH, FL 34957 US City-St-Zip: Title: () Delete Title: (X) Change () Addition EDWARDS, CHESTER DIR HONAN, JAY DIR Name: Name: Address: 4349 ROBERSON ROAD Address: 6304 SW BUSH ST. STUART, FL 34997 US PALM CITY, FL 34990 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: MYRA GALOCI TREA 04/24/2009