

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # N43587

1. Entity Name
VETERANS COUNCIL OF MARTIN COUNTY INC.



Principal Place of Business
**2401 SE MONTEREY RD
STUART, FL 34996 US**

Mailing Address
**P O BOX 1994
STUART, FL 34995**

DO NOT WRITE IN THIS SPACE



01112007 No Chg-NP

CR2E037 (4/06)

4. FEI Number
52-1701102

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**REESE, ANTHONY
2401 SE MONTEREY RD
STUART, FL 34996**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VCT
NOLETTE, HANK
2879 SW POND WAY
PALM CITY, FL 34990**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TT
REESE, ANTHONY
1674 SE MANSFIELD ST
PORT ST LUCIE, FL 34996**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
RINGO, JAMES
1950 NE INDIAN RIVER DR.
JENSEN BEACH, FL 34957**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CT
WOODS, HOYT
156 S.W. WHITMORE DR
PORT SAINT LUCIE, FL 34984**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000588678
01/17/07-80083-008 61.25

**DO NOT WRITE
IN THIS SPACE**

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 like empowered.

SIGNATURE: _____

ANTHONY J. REESE

1/11/07

(772) 463-2846

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #