

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43587

FILED
Jan 07, 2009
Secretary of State

Entity Name: VETERANS COUNCIL OF MARTIN COUNTY INC.

Current Principal Place of Business:

2401 SE MONTEREY RD
STUART, FL 34996 US

New Principal Place of Business:

435 SE FLAGLER AVE.
STUART, FL 34994 US

Current Mailing Address:

P O BOX 1994
STUART, FL 34995

New Mailing Address:

FEI Number: 52-1701102

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REESE, ANTHONY
2401 SE MONTEREY RD
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: VCT () Delete
Name: NOLETTE, HANK
Address: 2879 SW POND WAY
City-St-Zip: PALM CITY, FL 34990

Title: TT () Delete
Name: REESE, ANTHONY
Address: 1674 SE MANSFIELD ST
City-St-Zip: PORT ST LUCIE, FL 34996

Title: ST () Delete
Name: SALT, SHIRLEY
Address: 4475 SE MURRAY COVE CIR
City-St-Zip: STUART, FL 34997

Title: CT () Delete
Name: WOODS, HOYT
Address: 156 S.W. WHITMORE DR
City-St-Zip: PORT SAINT LUCIE, FL 34984

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: ST (X) Change () Addition
Name: MILLETTE, BRUCE
Address: 601 SW ESTATE AVE
City-St-Zip: PORT ST LUCIE, FL 34953

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: ANTHONY J. REESE

TT

01/07/2009

Electronic Signature of Signing Officer or Director

Date