

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---

DOCUMENT # **N93000000170 (1)**

1. Corporation Name

LEADERSHIP MARTIN COUNTY ALUMNI, INC.



Principal Place of Business	Mailing Address
C/O NANCY SAILOR SAILOR 1650 S KANNER HWY STUART FL 34994 US	C/O NANCY SAILOR SAILOR 1650 S KANNER HWY STUART FL 34994 US

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified	01/14/1993
4. FEI Number	65-0381291
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent	
MCCULLUM, OTTIE T 759 S FEDERAL HWY SUITE 200 STUART FL 34994	

10. Name and Address of New Registered Agent	
81 Name	NANCY SAILOR
82 Street Address (P.O. Box Number is Not Acceptable)	1650 S. KANNER HIGHWAY
83	
84 City	STUART
85 Zip Code	FL 34994

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Nancy Sailer DATE 2/13/98

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	SWINK, JAN
STREET ADDRESS	1260 SAND DOLLAR LANE
CITY - ST - ZIP	STUART FL
TITLE	VPD
NAME	DEES, DAVID
STREET ADDRESS	1558 SW BUCKSKIN TRAIL
CITY - ST - ZIP	STUART FL
TITLE	TD
NAME	MCCULLUM, OTTIE T
STREET ADDRESS	759 S FEDERAL HWY, SUITE 200
CITY - ST - ZIP	STUART FL
TITLE	SD
NAME	AUER, BEVERLY J
STREET ADDRESS	2833 SW LAKEMONT PLACE
CITY - ST - ZIP	PALM CITY FL
TITLE	D
NAME	TURRELL, NANCY
STREET ADDRESS	229 COCOANUT AVE
CITY - ST - ZIP	STUART FL
TITLE	D
NAME	HERRING, SCOTT
STREET ADDRESS	381 NE GENESEE AVE
CITY - ST - ZIP	PORT ST LUCIE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD
1.2 NAME	DEES, DAVID
1.3 STREET ADDRESS	1558 SW BUCKSKIN TRAIL
1.4 CITY - ST - ZIP	STUART FL
2.1 TITLE	VPD
2.2 NAME	EARLE, DAVID
2.3 STREET ADDRESS	401 E. OSCEOLA STREET
2.4 CITY - ST - ZIP	STUART, FL 34997
3.1 TITLE	TD
3.2 NAME	NUTTALL, GREGORY
3.3 STREET ADDRESS	2100 SE OCEAN BLVD., STE 205
3.4 CITY - ST - ZIP	STUART, FL 34996
4.1 TITLE	SD
4.2 NAME	JUSTI, CONNIE
4.3 STREET ADDRESS	2400 S. FEDERAL HWY, STE 300
4.4 CITY - ST - ZIP	STUART, FL 34994
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, on an attachment with an address.

SIGNATURE: David Dees David Dees, President 2/13/98 (561) 220-7022

CR2E037 (10/97)