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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000000170

1. Corporation Name

LEADERSHIP MARTIN COUNTY ALUMNI, INC.

Principal Place of Business

Mailing Address

C/O NANCY SAILOR
 1650 S KANNER HWY
 STUART FL 34994
 US

C/O NANCY SAILOR
 1650 S KANNER HWY
 STUART FL 34994
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		01/14/1993	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0381291	
Country		Country		Applied For	
25		29		Not Applicable	
24		30		5. Certificate of Status Desired <input type="checkbox"/>	
				\$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SAILOR, NANCY
 1650 S KANNER HWY
 SUITE 200
 STUART FL 34994

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD DEES, DAVID <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD EARLE, DAVID <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEES, DAVID	1.2 NAME	EARLE, DAVID
STREET ADDRESS	1558 SW BUCKSKIN TRL	1.3 STREET ADDRESS	401 E. OSCEOLA ST.
CITY-ST-ZIP	STUART FL	1.4 CITY-ST-ZIP	STUART, FL 34997
TITLE	VPD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EARLE, DAVID	2.2 NAME	EARLE, DAVID
STREET ADDRESS	401 E OSCEOLA ST	2.3 STREET ADDRESS	729 S. FEDERAL HWY, SUITE 200
CITY-ST-ZIP	STUART FL 34997	2.4 CITY-ST-ZIP	STUART, FL 34994
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NUTTALL, GREGORY	3.2 NAME	
STREET ADDRESS	2100 SE OCEAN BLVD, SUITE 205	3.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	3.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JUSTI, CONNIE	4.2 NAME	HERRING, SCOTT
STREET ADDRESS	2400 S FEDERAL HWY, SUITE 300	4.3 STREET ADDRESS	361 NE GENESEE AVE
CITY-ST-ZIP	STUART FL 34994	4.4 CITY-ST-ZIP	PORT ST LUCIE, FL
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURRELL, NANCY	5.2 NAME	
STREET ADDRESS	229 COCOANUT AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERRING, SCOTT	6.2 NAME	
STREET ADDRESS	361 NE GENESEE AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST LUCIE FL	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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)