

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2007 8:00 am
Secretary of State

03-09-2007 90006 005 ****61.25

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1. Entity Name

LEADERSHIP MARTIN COUNTY ALUMNI, INC.



Principal Place of Business

Mailing Address

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

PO BOX 794
STUART FL 34995
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)



4. FEI Number

65-0381291

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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 reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE: TD
NAME: NUTTALL, GREG
STREET ADDRESS: 2100 SE OCEAN BLVD, STE 205
CITY-ST-ZIP: STUART FL 34996 ☐ Delete

TITLE: PD
NAME: TADROSS, BONNIE
STREET ADDRESS: 3561 SE COURT DRIVE
CITY-ST-ZIP: STUART FL 34997 ☒ Delete

TITLE: VD
NAME: MUELLER, JEANETTE
STREET ADDRESS: 2002 SWRAGUET CLUB DR
CITY-ST-ZIP: PALM CITY FL 34990 ☐ Delete

TITLE: SD
NAME: RAD, NANCY
STREET ADDRESS: 1749 SW BYER PT RD
CITY-ST-ZIP: PALM CITY FL 34990 ☒ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: PD ☒ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: UPD ☐ Change ☒ Addition
NAME: MARK D. MATHES
STREET ADDRESS: 701 E. OCEAN BLVD
CITY-ST-ZIP: STUART, FL 34994

TITLE: SD ☐ Change ☒ Addition
NAME: TARYN KRYZDA
STREET ADDRESS: 2401 SE MONTEREY ROAD
CITY-ST-ZIP: STUART, FL 34996

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *GREGORY NUTTALL* GREGORY NUTTALL, TREASURER 3/2/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

772-
287-4480