2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9300000170

FILED Apr 30, 2008 Secretary of State

Entity Name: LEADERSHIP MARTIN COUNTY ALUMNI, INC.

Current Principal Place of Business: New Principal Place of Business:

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

Current Mailing Address: New Mailing Address:

PO BOX 794

STAURT, FL 34995 US

FEI Number: 65-0381291 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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:

Floring Company of Devictors of Asset

Electronic Signature of Registered Agent

Date
ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

OFFICERS AND DIRECTORS:

Title: TD () Delete Title: TD (X) Change () Addition Name: NUTTALL, GREG Name: NUTTALL, GREG

Address: 2100 SE OCEAN BLVD, STE 205 Address: 1000 SE MONTEREY COMMONS BLVD #101

City-St-Zip: STUART, FL 34996 City-St-Zip: STUART, FL 34996

Title: PD () Delete Title: VPD (X) Change () Addition

 Name:
 MUELLER, JEANETTE
 Name:
 MILTON, JOHATHAN W

 Address:
 2002 SWRAGUET CLUB DR
 Address:
 3808 SE LOWER STREET

 City-St-Zip:
 PALM CITY, FL 34990
 City-St-Zip:
 STUART, FL 34997

Title: VPD () Delete Title: PD (X) Change () Addition

 Name:
 MATHES, MARK D
 Name:
 MATHES, MARK D

 Address:
 701 E DEBAN BLVD
 Address:
 701 E DEBAN BLVD

 City-St-Zip:
 STUART, FL 34994
 City-St-Zip:
 STUART, FL 34994

Title: SD () Delete Title: SD (X) Change () Addition

 Name:
 KAYZDA, TARYN
 Name:
 LACONTE, CINDY L

 Address:
 2401 SE MONTEZEY ROAD
 Address:
 1650 S KANNER HWY

 City-St-Zip:
 STUART, FL 34996
 City-St-Zip:
 STUART, FL 34994

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: GREGORY R NUTTALL TD 04/30/2008