## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N9300000170

FILED Apr 30, 2009 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 **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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete NUTTALL, GREG Name: Name: 1000 SE MONTEREY COMMONS BLVD #101 Address: Address: City-St-Zip: STUART, FL 34996 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition Name: MILTON, JOHATHAN W Name: MILTON, JOHATHAN W Address: 3808 SE LOWER STREET Address: 3808 SE LOWER STREET City-St-Zip: STUART, FL 34997 City-St-Zip: STUART, FL 34997 Title: () Delete Title: **VPD** (X) Change ( ) Addition MATHES, MARK D GRAFF, STEVE Name: Name: 701 E DEBAN BLVD 830 SE MARTIN LUTHER KING JR BLVD Address: Address: City-St-Zip: STUART, FL 34994 City-St-Zip: STUART, FL 34996 Title: SD ( ) Delete Title: () Change () Addition LACONTE, CINDY L Name: Name: Address: 1650 S KANNER HWY Address: City-St-Zip: STUART, FL 34994 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: GREGORY NUTTALL TD 04/30/2009