

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000704

FILED
Jun 26, 2005
Secretary of State

Entity Name: MARTIN COUNTY INTERAGENCY COALITION, INC.

Current Principal Place of Business:

50 KINDRED STREET
SUITE 207
STUART, FL 34995 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 3012
STUART, FL 349953012 US

New Mailing Address:

FEI Number: 65-0336225 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GONZALEZ, JOHN
2001 S KANNER HWY
STUART, FL 34994 US

Name and Address of New Registered Agent:

BEE, BILL
P. O. BOX 3012
STUART, FL 34995 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: BILL BEE

06/26/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CARONOS, DAVID
Address: 2026 SW OCEAN BLVD
City-St-Zip: STUART, FL 34996

Title: VP () Delete
Name: JONES, MARY
Address: 2750 S KANNER HWY
City-St-Zip: STUART, FL 34994

Title: SD () Delete
Name: FIELDS, MARY
Address: 417 BALBOA AVE
City-St-Zip: STUART, FL 34996

Title: TD () Delete
Name: GONZALEZ, JOHN
Address: 2001 S KANNER HWY
City-St-Zip: STUART, FL 34994

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HOSANG, DONNA
Address: P. O. BOX 3012
City-St-Zip: STUART, FL 34995

Title: VP (X) Change () Addition
Name: PECK, NANCY
Address: P. O. BOX 3012
City-St-Zip: STUART, FL 34995

Title: SD (X) Change () Addition
Name: MCKEE, KATHI
Address: P. O. BOX 3012
City-St-Zip: STUART, FL 34995

Title: TD (X) Change () Addition
Name: BEE, BILL
Address: P. O. BOX 3012
City-St-Zip: STUART, FL 34995

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DONNA HOSANG

PD

06/26/2005

Electronic Signature of Signing Officer or Director

Date