

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 23, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N94000000704**

1. Entity Name  
**MARTIN COUNTY INTERAGENCY COALITION, INC.**



Principal Place of Business  
**50 KINDRED STREET  
SUITE 207  
STUART, FL 34995 US**

Mailing Address  
**PO BOX 3012  
STUART, FL 34995-3012 US**



02172006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0336225**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

U00000444663  
03/07/06-80012-008 \$1.25

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOSANG, DONNA P. O. BOX 3012 STUART, FL 34995
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PECK, NANCY P. O. BOX 3012 STUART, FL 34995
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCKEE, KATHI P. O. BOX 3012 STUART, FL 34995
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BEE, BILL P. O. BOX 3012 STUART, FL 34995
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**

*Donna M. Hosang*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/2006

Date

772-219-  
1200x30476

Daytime Phone #