

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000704

FILED  
Feb 06, 2008  
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 ( )

## Name and Address of Current Registered Agent:

MAY, TERRI  
2725 SW BRIDGEWAY ST.  
PALM CITY, FL 34990 US

## Name and Address of New Registered Agent:

GRAHAM, VALERIE  
50 KINDRED STREET  
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: VALERIE GRAHAM

02/06/2008

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: PANELLA, MICHAEL  
Address: P. O. BOX 3012  
City-St-Zip: STUART, FL 34995

Title: VP ( ) Delete  
Name: DYER, JOELLEN  
Address: P. O. BOX 3012  
City-St-Zip: STUART, FL 34995

Title: SD ( ) Delete  
Name: DYER, JOELLEN  
Address: P. O. BOX 3012  
City-St-Zip: STUART, FL 34995

Title: TD ( ) Delete  
Name: MAY, TERRI  
Address: P. O. BOX 3012  
City-St-Zip: STUART, FL 34995

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: TD (X) Change ( ) Addition  
Name: GRAHAM, VALERIE  
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 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: VALERIE GRAHAM

TD

02/06/2008

Electronic Signature of Signing Officer or Director

Date