2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# N94000000704

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:

GRAHAM, VALERIE
50 KINDRED STREET
STUART, FL 34995 US

Name and Address of New Registered Agent:

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:

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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

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

Title: TD (X) Change ( ) Addition
Name: CARMODY, CATHY
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: JO ELLEN DYER PD 04/16/2009

Electronic Signature of Signing Officer or Director — Date