

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2003 8:00 am**  
**Secretary of State**  
05-13-2003 90043 006 \*\*\*\*61.25

**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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

**BORRIE, DOUGLAS  
3525 W. MIDWAY RD  
FORT PIERCE FL 34981**

7. Name and Address of New Registered Agent

Name

**JOHN GONZALEZ**

Street Address (P.O. Box Number is Not Acceptable)

**2001 S KANNER HWY**

City

**STUART**

FL

Zip Code

**34994**

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

**JOHN GONZALEZ**

**5/09/03**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE - **PD** ☒ Delete  
NAME **BORRIE, DOUGLAS**  
STREET ADDRESS **3525 W MIDWAY RD**  
CITY-ST-ZIP **FT PIERCE FL 34881**

TITLE **VP** ☒ Delete  
NAME **AUSTIN, PAT**  
STREET ADDRESS **300 HOSPITAL AVENUE**  
CITY-ST-ZIP **STUART FL 34994**

TITLE **SD** ☒ Delete  
NAME **WINTERBURN, PATRICIA**  
STREET ADDRESS **2400 SE SALERNO ROAD**  
CITY-ST-ZIP **STUART FL 34997**

TITLE **TD** ☒ Delete  
NAME **DURANT, MITCHELL J**  
STREET ADDRESS **1071 E. 10TH STREET**  
CITY-ST-ZIP **STUART FL 34996**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition  
NAME **DAVID CARONOS**  
STREET ADDRESS **2026 SE OCEAN BLVD**  
CITY-ST-ZIP **STUART FL 34996**

TITLE **VP** ☒ Change ☐ Addition  
NAME **MARY JONES**  
STREET ADDRESS **2750 S KANNER HWY**  
CITY-ST-ZIP **STUART FL 34994**

TITLE **SECT** ☒ Change ☐ Addition  
NAME **MARY FIELDS**  
STREET ADDRESS **417 BALBOA AVE**  
CITY-ST-ZIP **STUART FL 34996**

TITLE **TD** ☒ Change ☐ Addition  
NAME **JOHN GONZALEZ**  
STREET ADDRESS **2001 S KANNER HWY**  
CITY-ST-ZIP **STUART FL 34994**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

**SIGNATURE REQUIRED**

**5/9/03**

**772/283-2525**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)