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**Mar 08, 1999 8:00 am**  
**Secretary of State**

03-08-1999 90035 002 \*\*\*\*70.00

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N94000001262**

1. Corporation Name

**MARTIN COUNTY SHERIFF'S ATHLETIC LEAGUE, INC.**

Principal Place of Business

**800 MONTEREY RD  
STUART FL 34994**

Mailing Address

**800 MONTEREY RD  
STUART FL 34994**



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	<b>03/02/1994</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	<b>65-0487283</b>
City & State	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
23	28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
Zip	Country	24
25	29	30

9. Name and Address of Current Registered Agent

**HIGGINS, JAMES S  
2400 S FEDERAL HWY  
SUITE 320  
STUART FL 34994**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SULLIVAN, ED</b>	1.2 NAME	
STREET ADDRESS	<b>2247 SW DANFORTH CIR</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALM CITY FL 34990</b>	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BELLANTONI, JAMIE</b>	2.2 NAME	
STREET ADDRESS	<b>P.O. BOX 9401 N/A</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PORT ST LUCIE FL 34985</b>	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BELLANTONI, ROCCO</b>	3.2 NAME	
STREET ADDRESS	<b>P.O. BOX 9401 N/A</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PORT ST LUCIE FL 34985</b>	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RAMONO, MICHELLE</b>	4.2 NAME	
STREET ADDRESS	<b>6 PALM CT.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>STUART FL</b>	4.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MENNA, JOE</b>	5.2 NAME	
STREET ADDRESS	<b>11711 SE FED HWY</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HOBE SOUND FL</b>	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PASSANESI, JOSEPH S.</b>	6.2 NAME	<b>D/T PASSANESI, Joseph S.</b>
STREET ADDRESS	<b>800 SE MONTEREY RD</b>	6.3 STREET ADDRESS	<b>800 S.E. Monterey Rd.</b>
CITY-ST-ZIP	<b>STUART FL</b>	6.4 CITY-ST-ZIP	<b>Stuart, FL 34994</b>

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

**JOSEPH S. PASSANESI**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**03/01/99**  
Date

**(561)220-7011**  
Daytime Phone #

CR2E037 (11/98)