

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 26, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N94000001262**

1. Entity 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**



03112004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0487283**

Applied For  
Not Applicable

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

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

**DUNGEY, RICHARD J  
1100 FEDERAL HIGHWAY  
STUART, FL 34994**

**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, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

U00000168461  
07/26/04 00014 017 70.00

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
SULLIVAN, ED  
2247 SW DANFORTH CIR  
PALM CITY, FL 34990**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
BELLANTONI, JAMIE  
P.O. BOX 9401 N/A  
PORT ST LUCIE, FL 34985**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
BELLANTONI, ROCCO  
P.O. BOX 9401 N/A  
PORT ST LUCIE, FL 34985**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DT  
PASSANESI, LAURA  
800 SE MONTEREY RD  
STUART, FL 34944**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**M  
WHITE, JAMES B.  
800 SE MONTEREY ROAD  
STUART, FL 34994**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DT  
IRONS, RHONDA  
800 SE MONTEREY ROAD  
STUART, FL 34994**

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

*Laura Passanesi*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/20/04  
Date

772 220-7011  
Daytime Phone #