2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000519

Entity Name: MARTIN COUNTY CONSERVATION ALLIANCE, INC.

FILED Mar 19, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: P.O. BOX 1923 STUART, FL 34995 **Current Mailing Address: New Mailing Address:** P.O. BOX 1923 STUART, FL 34995 FEI Number: 65-0729814 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BRUMFIELD, LLOYD 11225 SW MEADOWLARK CIRCLE STUART, FL 349972730 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete HEIMS, HOWARD CHICKY, JON VP/D Name: Name: 6750 SW GAINES AVENUE Address: 5 KNOWLES ROAD Address: City-St-Zip: STUART, FL 34994 City-St-Zip: STUART, FL 34996 US Title: () Delete Title: (X) Change () Addition MELZER, DONNNA D Name: MELZER, DONNNA P/D Name: Address: 3471 CENTRE COURT Address: 3471 CENTRE COURT City-St-Zip: PALM CITY, FL 34990 City-St-Zip: PALM CITY, FL 34990 US Title: () Delete Title: D/T (X) Change () Addition TOMLINSON, TOM Name: FLORIO, JOE D/T Name: Address: PO BOX 316 N/A Address: 433 NE ACACIA PLACE City-St-Zip: PALM CITY, FL 34990 City-St-Zip: JENSEN BEACH, FL 34957 US () Delete Title: D Title: D (X) Change () Addition Name: JON, CHICKY Name: JON, CHICKY 5 KNOWLES RD. 5 KNOWLES RD. Address: Address: City-St-Zip: STUART, FL 34996 City-St-Zip: STUART, FL 34996 US Title: () Delete Title: (X) Change () Addition BAUSCH, JOAN BAUSCH, JOAN D Name: Name: 20 S SEAWALLS POINT RD 20 S SEAWALLS POINT RD Address: Address: City-St-Zip: STUART, FL 34996 City-St-Zip: STUART, FL 34996 US Title: () Delete Title: () Change (X) Addition TOMLINSON, TOM D Name: Name: Address: Address: P.O. BOX 316 PALM CITY, FL 34990 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DONNA MELZER P/D 03/19/2004