

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2005 8:00 am
Secretary of State

02-24-2005 90030 023 ****61.25

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1. Entity Name
MARTIN COUNTY CONSERVATION ALLIANCE, INC.



Principal Place of Business
**P.O. BOX 1923
STUART, FL 34995**

Mailing Address
**P.O. BOX 1923
STUART, FL 34995**



2. Principal Place of Business

3. Mailing Address

02212005 Chg-NP CR2E037 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
65-0729814

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BRUMFIELD, LLOYD
11225 SW MEADOWLARK CIRCLE
STUART, FL 34997-2730**

Name

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

City

FL

Zip Code

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 \$81.25
Due by May 1, 2005**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP/D
CHICKY, JON VP/D
5 KNOWLES ROAD
STUART, FL 34996 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D.
FIELDING, ED
670 SE MONTEREY RD
STUART, FL 34994 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P/D
MELZER, DONNNA P/D
3471 CENTRE COURT
PALM CITY, FL 34990 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HEIMS, HOWARD
5555 NE GULFSTREAM WAY
STUART, FL 34996 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D/T
FLORIO, JOE D/T
433 NE ACACIA PLACE
JENSEN BEACH, FL 34957 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D/H
THORNTON, BILL
1817 SW AUTUMNWOOD WAY
PALM CITY, FL 34990 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
JON, CHICKY
5 KNOWLES RD.
STUART, FL 34996 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
YORKE, SUE
7501 SPRINGHAVEN ROAD
INDIAN TOWN, FL 34956 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BAUSCH, JOAN D
20 S SEAWALLS POINT RD
STUART, FL 34996 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
TOMLINSON, TOM D
P.O. BOX 316
PALM CITY, FL 34990 ☐ Delete

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

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: Joe Florio (JOE FLORIO)

2/21/05 772-334-2136

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #