2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006
Secretary of State

DOCUMENT# N97000000519

Entity Name: MARTIN COUNTY CONSERVATION ALLIANCE, INC.

Current Principal Place of Business:

P.O. BOX 1923
STUART, FL 34995

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1923
STUART, FL 34995

New Mailing Address:

FEI Number: 65-0729814 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BRUMFIELD, LLOYD
11225 SW MEADOWLARK CIRCLE
STUART, FL 349972730 US

Name and Address of New Registered Agent:

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:

Title:	VP/D	( ) Delete
Name:	CHICKY, JON VP/D	
Address:	5 KNOWLES ROAD	
City-St-Zip:	STUART, FL 34996 US	
Title:	P/D	( ) Delete
Name:	MELZER, DONNNA P/D	
Address:	3471 CENTRE COURT	
City-St-Zip:	PALM CITY, FL 34990 US	
Title:	D/T	( ) Delete
Name:	FLORIO, JOE D/T	
Address:	433 NE ACACIA PLACE	
City-St-Zip:	JENSEN BEACH, FL 34957 US	
Title:	D	( ) Delete
Name:	FIELDING, ED	
Address:	670 SE MONTEREY RD	
City-St-Zip:	STUART, FL 34994 US	
Title:	D	( ) Delete
Name:	BAUSCH, JOAN D	
Address:	20 S SEAWALLS POINT RD	
City-St-Zip:	STUART, FL 34996 US	
Title:	D	( ) Delete
Name:	TOMLINSON, TOM D	
Address:	P.O. BOX 316	
City-St-Zip:	PALM CITY, FL 34990 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: JOE FLORIO D/T 04/12/2006

Electronic Signature of Signing Officer or Director — Date