2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: MARTIN COUNTY CONSERVATION ALLIANCE, INC.

Current Principal Place of Business:

618 EAST OCEAN BLVD.
SUITE 5
STUART, FL 34994

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: P/D
Name: MELZER, DONNNA P/D
Address: 3471 CENTRE COURT
City-St-Zip: PALM CITY, FL 34990 US

Title: VP/D
Name: BAUSCH, THOMAS VP/D
Address: 20 SO SEWALLS POINT ROAD
City-St-Zip: STUART, FL 34995 US

Title: D
Name: HONAN, JAY D
Address: 4349 ROBERTSON RD
City-St-Zip: STUART, FL 34997 US

Title: D
Name: CHICKY, JON D
Address: 5 KNOWLES RD
City-St-Zip: STUART, FL 34996 US

Title: D
Name: PINE, LYNNE D
Address: 6775 SW GAINES AVE
City-St-Zip: STUART, FL 34997 US

Title: D/T
Name: TOMLINSON, TOM D/T
Address: P.O. BOX 316
City-St-Zip: PALM CITY, FL 34990 US

I hereby 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 all other like empowered.

SIGNATURE: DONNA MELZER D/P 02/08/2012

Electronic Signature of Signing Officer or Director — Date