

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000519

Entity Name: MARTIN COUNTY CONSERVATION ALLIANCE, INC.**Current Principal Place of Business:**618 EAST OCEAN BLVD.
SUITE 5
STUART, FL 34994**Current Mailing Address:**P.O. BOX 1923
STUART, FL 34995**FEI Number:** 65-0729814**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SHERLOCK, VIRGINIA P. ESQ.
618 EAST OCEAN BLVD.
SUITE 5
STUART, FL 34994 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:** VIRGINIA P. SHERLOCK**02/12/2021**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	CHAIRMAN, DIRECTOR, TREASURER
Name	MELZER, DONNA
Address	2286 SW CREEKSIDE DRIVE
City-State-Zip:	PALM CITY FL 34990

Title	DIRECTOR
Name	BAUSCH, THOMAS D
Address	166 SE ST. LUCIE BLVD D-206
City-State-Zip:	STUART FL 34996

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

Title	VP, DIRECTOR
Name	CHICKY, JON
Address	5 KNOWLES RD
City-State-Zip:	STUART FL 34996

Title	DIRECTOR
Name	TRANCYNGER, JACKIE
Address	1933 NE ACAPULCO
City-State-Zip:	JENSEN BEACH FL 34957

Title	DIRECTOR, SECRETARY
Name	WOOD, REGINA
Address	4950 SW CORSAIR AVE
City-State-Zip:	PALM CITY FL 34990

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**CHAIR****02/12/2021**

Electronic Signature of Signing Officer/Director Detail

Date