

2014 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:**BRUMFIELD, LLOYD
11225 SW MEADOWLARK CIRCLE
STUART, FL 34997-2730 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**Officer/Director Detail :**Title CHAIRMAN, DIRECTOR
Name MELZER, DONNA P/D
Address 3471 CENTRE COURT
City-State-Zip: PALM CITY FL 34990Title DIRECTOR
Name BAUSCH, THOMAS D
Address 20 SO SEWALLS POINT ROAD
City-State-Zip: STUART FL 34995Title D
Name HONAN, JAY D
Address 4349 ROBERTSON RD
City-State-Zip: STUART FL 34997Title VP, DIRECTOR
Name CHICKY, JON
Address 5 KNOWLES RD
City-State-Zip: STUART FL 34996Title D
Name PINE, LYNNE D
Address 6775 SW GAINES AVE
City-State-Zip: STUART FL 34997Title D/T
Name TOMLINSON, TOM D/T
Address P.O. BOX 316
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**PRESIDENT****02/20/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date