

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21000011451

Entity Name: MARTIN COUNTY FIREFIGHTERS BENEVOLENT ASSOCIATION, INC.**Current Principal Place of Business:**2680 SE WILLOUGHBY BLVD
STUART, FL 34994**Current Mailing Address:**2680 SE WILLOUGHBY BLVD
STUART, FL 34994 US**FEI Number: 87-2916836****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**NEWTON, ALEXANDER T
1444 NE SOUTH STREET
JENSEN BEACH, FL 34957, FL 34957 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	PRESIDENT
Name	NEWTON, ALEXANDER T
Address	1444 NE SOUTH STREET
City-State-Zip:	JENSEN BEACH, FL 34957 34957

Title	VP
Name	BAKER, CHRISTOPHER
Address	147 SW ULMAN AVE
City-State-Zip:	PORT ST. LUCIE FL 34983

Title	TREASURER
Name	BELLUCY, KEVIN
Address	1761 SE BERKSHIRE BLVD
City-State-Zip:	PORT ST. LUCIE FL 34952

Title	QM
Name	PELLEGRINO, ANTHONY
Address	2215 SW MANELE PL
City-State-Zip:	PALM CITY FL 34990

Title	SECRETARY
Name	QUINTERO, JOHNATHAN
Address	1902 SW LOGAN STREET
City-State-Zip:	PORT ST. LUCIE FL 34953

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: ALEXANDER NEWTON**PRESIDENT****01/29/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date