

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 91067 001 \*\*\*211.25

**DOCUMENT # F95000005132**

1. Entity Name

MARINE RESOURCES DEVELOPMENT FOUNDATION, INC.



Principal Place of Business

PO BOX 787  
KEY LARGO FL 33037

Mailing Address

PO BOX 787  
KEY LARGO FL 33037

66415264



MOORE CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

67-0258256

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

KOBLOCK, IAN G  
51 SHORELAND DR  
KEY LARGO FL 33037



7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE CP ☐ Delete  
NAME KOBLOCK, IAN G  
STREET ADDRESS 51 SHORELAND DR  
CITY-ST-ZIP KEY LARGO FL 33037

TITLE S ☐ Delete  
NAME KOBLOCK, TONYA A  
STREET ADDRESS 51 SHORELAND DR  
CITY-ST-ZIP KEY LARGO FL 33037

TITLE T ☐ Delete  
NAME SMENDA, JOANN  
STREET ADDRESS P.O. BOX 670  
CITY-ST-ZIP KEY LARGO FL 33037

TITLE D ☐ Delete  
NAME BASS, GERRY  
STREET ADDRESS 147 SW 63RD CT  
CITY-ST-ZIP MIAMI FL 33158

TITLE VP ☐ Delete  
NAME MITHCELL, ARTHUR  
STREET ADDRESS 241 LIGNUM VITAE  
CITY-ST-ZIP KEY LARGO FL 33037

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/23/04

305-451-1139